		Į.	 I	4	1	1
3.	Dist.	No.				

1. PLACE OF a. COUNT				MARYL		USUAL RESIDEN	CE (Where deced	sed lived. If instit b. COUN		ce before	admission)
		rundel					aryland		Anne .		
	R TOWN (If and give nee	autside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOW	/N (If autside cor	rporote limits, write	RURAL and	give neare	st town)
		. Meade, Md			X	Ment	on. Md				
d. NAME	OF HOSPITA	AL (If not in haspital, g		oddressi	1	d. STREET ADDR					IS RESIDENCE
OR INS	TITUTION				1 2		'	~ ~ ~			ON A FARM?
	V	The same of the sa	4	G. Meade,	Md II 3	43-A Pat	uxent n	OAG			YES NO
3. NAME OF DECEASED		Fir	st	Middle		Łost	4. DATE	E N	ionth	Day	Year
(Type or p		Rob	ert	Alexander		Abell	DEAT	тн ге	bruary	15	1959
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In yea	IF UNDER	1 YEAR IF	UNDER 24 HRS.
Wala		White	WIDOW			m4 70 71	028	lost birthdoy	Months .	Days 1	Hours Min.
Male 100 USHAL C	CCUPATIO			KIND OF BUSINESS OR	- 00	pt 12 1		000		IZENI OS	WHAT COUNTRY
during m	ost of worki	ng life, even if retired	JUNE 100.	KIND OF BUSINESS OR	ואוכטטאוו	TI. BIKINFEACE	(State of foreign	n caenity)	12. 011	IZCIN OF	WHAT COUNTRY
nor	ne			11111			Maryla	nd		U.S.	Α.
13. FATHER'S	NAME				14	MOTHER'S MA	IDEN NAME				
Cha	arles	Thoma	c			Rose	(unkno	min )			
				SOCIAL SECURITY NO.	17. INFO		Tuttkuo		ddress		
(Yas, no, or unkn	nown) (1	f yes, give war or dates of s									
	nol	////////	//	unknown	I Mr	. Virg	inia	Widener	, S	ame	As #2
		_	use per li	ine far (a), (b), and (c).]							VAL BETWEEN
P.	ART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Head Injurie	9.5					1	AND DEATH
1 50	a cont	DUE TO									
Condi	ions, if on	ar and take V		1 2 17 4						T	
	rise ta in	mediate		utomobile Ad	cclder	LT.				Tun	nediate
	a), stating t	he under- DUE TO									
-	ouse lost.	) (c									
OR CON'	ART 11. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE	ETERMINAL DISE	ASE CONDITION (	GIVEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
3											ES NO
20a. ACC	IDENT WAS	UNDERLYING 🕣	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of inj	ury in Part 1 or F	Port II of item 18.]			
OR CON	TRIBUTING	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)		1 m							
1				d Trauma occ							
	OF INJURY	Month, Doy, Yes	While		factory,	OF INJURY (Hom street, office bld	e, form, ; 201. (C ig., etc.) !	ity or town]	(0	ounty)	(State)
X.	p. m.	Feb 15 195	9 of wa	rk ot work	Reece	Road	Ft	Meade	Anne A	runde	el Md
21 1 0	antific the	at Lattendad the	docoo	sed fram 15 Fel	h 1913 (1 191	- 10 EO A			O About I		Also also assessed
		ar i arrenaea me	ueceus		-						
alive o	on		, 12.	and that c	death ac	curred of_U				ne date	stated above
	/	1 1	1	0,0			ADDRESS	(Street, city or law	n, slote)	-	DATE SIGNED
ACTUAL	JRE	Jones 1	- /	Mann	, M.D.	USAH FT	Geo G	Meade, Mo		1	726-15, 195
	/	1									
PHYSICIA NAME (T		AMES H GLE	NN	Captain 1	MC						
		1, 22b. DATE THEREC		22c. NAME OF CEMET	FRY OR CR	EMATORY	724 100	CATION (City, town	or county!	13-13-13	(State)
REMOVA	(L (Specify)									3.5	(Stote)
Buri			59_	Glen Hav	en ce			Len Bur	nie,		vland
23. FUNERAL	DIRECTORS	SIGNATURE	0.7	ADDRESS	207		REC'D BY REG		GISTRAR'S SIC		
Ticker	1/20	Leastithan	GLE	en Burnie,	Mar.	DA	TE FEB 2 4	'59	Irthur S.	7 ULUMA	•

funeral director, auld be filed with may be retained by the hospital or attending physician.

D. FUNERAL (CTOR: After this certificate has been signed by the ottending physician and campletely filled in the page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and the registror prior to burial, cremotian, or removal, and in any event within 72 hours ofter death. moy be retor

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

TO HOSPITAL OR VS A15 (4) 15M 9/S5 I, the undersigned, certify that I Have picked up the remains of Robert A Abell on 15 Feb 1959 from the USAH, Ft George G Meade, Md. per Dr Faubert, county corner.

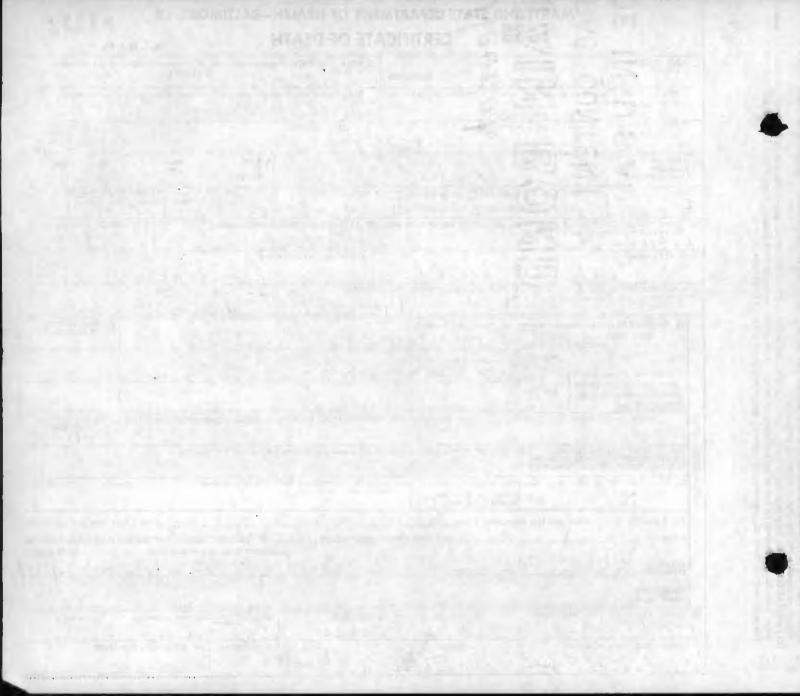
THE WAY WE WILL ASK TO DEPART A TEXT BY ATC DAY ON A TEXT OF THE WAY OF THE PERSON OF

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1435	CERTIFICATE	OF DEATH	

01412

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE COUNTY MARYLAND CITY OR, TOWN (If outside corporate limits, write ? c. TENGTH OF STAY IN 16 LIJY OR TOWN (If bulside corporate limits, write RORAL and give nearest town) RICRAL and give nearest-lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO IZ NAME OF First : 4. DATE Last Month Year DECEASED DEATH 19-5 (Type or print S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HR last berthdoy) Months Doys Hours DIVORCED | WIDOWED A YES USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? (during most of working life, eyen/If retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT SOCIAL SECURITY NO. [Yes, no. or unknown] (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.1 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or tawn) (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work. p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on and that death accurred at DATM, from the causes and on the date stated abayes DDRESS (Street, ci or town, state! ACTUAL PHYSICIAN'S NAME [Type] 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. UOCATION (City, town, or county) 1(State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S STGNATURE 240. REC'D BY REGISTRAR DATE



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8

	1409	CERTIF	ICATE OF	DEATH		Reg. D	ist. No.	
1. PLACE OF DEATH O. COUNTY C. Q		MARYL	I A STATE	SIDENCE (Where d		f institution: Reside	nce before adm	ilision)
b. CIDE OR TOWN (If outside con RURAN and give nearest town)		LENGTH OF STAY I	N 16 c. CITY of	TOWN HE outside	e corporate limits	, write RURAL ond	give nearest to	wn)
d. NAME OF HOSPITAY (Ilynot in	n hospitol, give street add	dress)	d. STREET	ADDRESS	ester	ane	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	vseph	Henr	y ati	rell "	DATE OF DEATH	Month 2 -	22	Yeor 1959
male It	ut WIDOWED	7	1 Cluq	19-187	7 84	rthday) Months	R 1 YEAR IF UN Doys Hou	rs Min,
	en if retired) Wa	Torman	Va	PLACE (Story or for	Mel	12. C	27, S.	AT COUNTRY
13. FATHER'S NAME Mu	hnour		12	s MAIDEN NAME	we			
15. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) (If yes, give w	ARMED FORCES? 16. SO or or doten of service)	CIAL SECURITY NO.	Clydle Clydle	27. W	twel	Address	(2)	
000		far (a), (b), and (c).	ALTH	Rombe	0515		INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if ony, which gove rise to immediate coese (a), stating the under lying couse lost.	DUE TO (b) CEA	CEBRAL	ACTERI	OSCLEA	Posts		enta	icens!
CATIC	ICANT CONDITIONS CO	NTRIBUTING TO DEA	TH BUT NOT RELATED T	O THE TERMINAL I	DISEASE CONDIT	TION GIVEN IN PA	PER	S AUTOPSY FORMED?
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	BE HOW INJURY OC	CURRED, (Enler nature	of injury in Port I	or Port II of item	n 18.)		
20c. TIME OF INJURY Month, Hour a.m., p. m.	Day, Year 20d, INJU While at work [	_ Not while	factory, street, offi	(Home, form, 20 ce hidg., etc.)	Of, (City or tawn)		(County)	(State)
21. I certify that I atterative an 22 F F	nded the deceased B 195		death accurred a					
PHYSICIAN'S EDWA	RD S. A	RECK 1	D. A.	NAAPO!	is, n	ررد		
SEMOVAL (Specify) Fel	4 25-59	Edward	s Chapel	Cent no.	1 Carol	e Caa	Co 15	Mal
23. EGNERAL DIRECTOR'S SIGNATU	ayla Sans	Consess	polit me	24o. REC'D BY	REGISTRAR 24	46. REGISTRAR'S S	GNATURE	

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TO FUNERAL DI page 3 shauld be

VS A1S (4) 1SM 9/SS

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	1//10	CERTIFICA	AIE OF DEATH	7	Reg. Dist. No.	
	1. PLACE OF DEATH Q. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. (f instit b. COUN		admission)
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporate limits, write	e RURAL and give nears	nt lown)
	d. NAME OF HOSPITAL of not in hospital, give street of OR INSTITUTION	address}	153 Cou	lage a		IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Bessee	Bruce	Baker	4. DANE A OF DEATH	Aonth Doy	Year 1959
	Female White WIDOWE		June 26-1	870 9. AGE (In yet)		F UNDER 24 HRŠ. Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. program gost of working life, even if refired)	Store	RY 11. SIRTHPLACE (Stole	ar fareign country)	Med 71, S	WHAT COUNTRY?
	13. FATHER NAME B. Bas	ker	Charl	otte Br	uen	
	IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. : [17 yes, give war or dates of service]	SOCIAL SECURITY NO. 17.	herles 7 Leo	_	(3)	
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (0), (b), and (c).]	homory	Joge 101	INTER	VAL BETYVEEN T AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  (b)  (b)  DUE TO	Memoscle	rolle the	art Nhse	26 /	n
)	Part II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH SUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION		WAS AUTOPSY PERFORMED? YES NO
		TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Port II af item 18.)		
	Hour o. m. While	Nat while at work	ACE OF INJURY (Hame, form clary, street, affice bldg., etc.	n, 20f. (City or town)	(County)	(State)
	21. I certify that   attended the decease alive on	of fram Julian	/	M, fram the cause	7	
	ACTUAL SIGNATURE TELES OF HE		м.р.	ADDRESS (Street, city or tov		DATE SIGNED
1	PHYSICIAN'S JAMES RI	MARTIN	6 SHy	AW STINA	S, MD.	7-7-7
	220. BURIAL, CREMATION, 22b. DATE THEREOF PRINCES THE 12-59	Codas Bl	R CREMATORY	22d COCATION (City, tow	of county)	(State)
	23 FUNERAL DIRECTOR'S SIGNATURE COM	Comespot	w Max	/	EGISTRAR'S SIGNATURE	2

THE RESERVE WHEN THE PARTY OF T

## TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Tage 4 a funeral director, may be retained by the haspital ar attending physician. TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaularies detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/5S MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01415

1436 CERTIFICATE OF DEATH

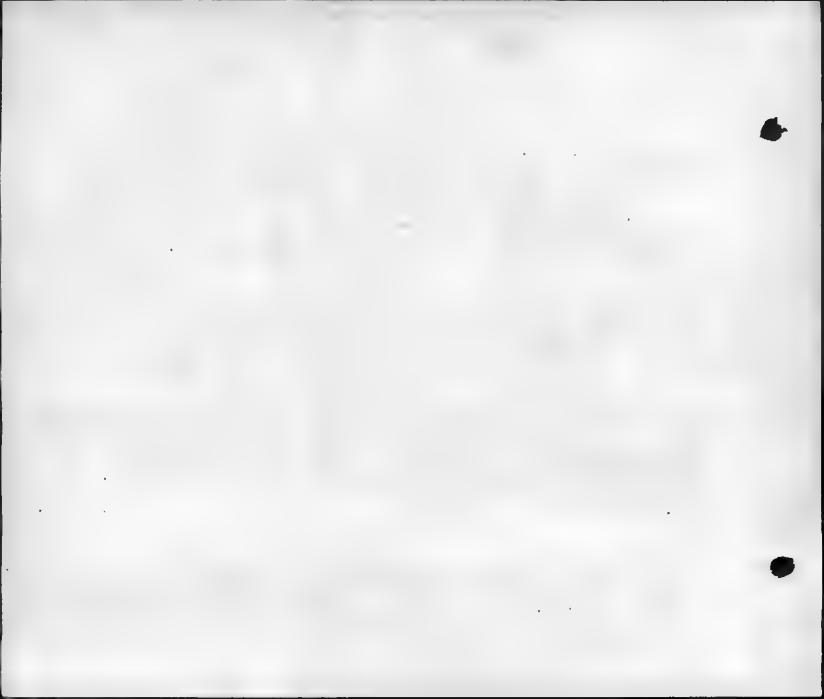
Reg. Dist. No.

	o. COUNTY Anne Arun de MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. F.I. Q. F.J. Q. F. D. COUNTY A. D. CO					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
,	d. NAME OF HOSPITAL (If not in hospital/give street oddress) OR INSTITUTION 3/5 Key Are	1 d. STREET ADDRESS  ON A FARM? YES NO NO					
	3. NAME OF DECEASED (Type or print) Bog + 100 B	erect 4. DATE Month Day Year OF DEATH Feb 1/ 1957					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH  12 Nov 1912  9. AGE [In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.					
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 17. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME William Bereyly	14. MOTHER'S MAIDEN NAME A17.DE RIOLALE					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give wor or dates of service)	NFORMANT Address Address PAIR Bereily 315/Key Aug					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH						
	Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying couse lost.  DUE TO  (b) 4400 4613  DUE TO	ive Vascular Diserse that					
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO. 5					
		D. (Enter nature of injury in Port I or Port II of item 18.)					
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While at work at work	ACE OF INJURY (Home, form, 201. (City or town) (County) (State) ctory, alreet, office bldg., etc.)					
	21. I certify that I attended the deceased fram. Jan.						
	alive an 9 F + b , 19 9, and that death accurred at 120 A M, from the causes and an the date stated above.  ACTUAL  ACTUAL  ACTUAL  ACTUAL  AND  ACTUAL  AND  ACTUAL  AND  ACTUAL  AND  AND  ACTUAL  AND  ACTUAL  AND  AND  AND  AND  AND  AND  AND  A						
	PHYSICIAN'S Reputed B Wighston Fr	Bultimore 75 May lord					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF	CREMATORY 22d. LOCATION SEMESLAWN, or county) (Stote)  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
į	Mrs Katu RWilliams Schooler	DATE FEB 1 3 '59 Chilling S. Knows					

1	
FOR S	TATE DEPT.
executed within 24 hours after death. If any delay is necessary, phase at it is term 18. Give Pages 1, 2, and 3 to the funeral director. Page 2ffice along with form PM3. Page 5 may be retained pur files. Huransia permit. File pages 1 and 2 with the State Bot. of Health, morell and is more event within 27 hours offer chath.	<b>X</b>
It EXAMINER: This certificate should be sole, writing the word "pending" in pen rided to the Chief Medical Examiner's CTOR: Page 3 should be used as a burior to buried removing or re-	
execute the Compose, writing the should be included to the composed to the composed to the composed control of the composed control of the co	

VS. A15ME &M 2, 57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			457							Keg. Dist.	NO.	
	PLACE OF DEATH		W- C- E					Vhere decease	ed lived If instit		before	odmission)
	o. COUNTY	3.7			MARYEAND	o. STATE			Cap COUNT	TY		
		auls de corporate fimits, wro	in REPAL	c LENGTH C	OF STAY IN 16	c. CITY OF	town (if	oulside corp	iorate limits, write		ve neare	st lown)
	everna Fa	25		if t	100	X List						
		AL OR INSTITUTION	If not in ho	spital, give stree	it address)	ø STREET	ADDRESS					IS RES DEN TE
	in arrivie.	ighta ic	-B			/ 08	me					ON A FAPAR
3.	NAME OF DECEASED	Fi	rst	M	iddle	Las	d	4 DATE	Mont	lh I	Day	Year
	(Type or print)	chard Tov						OF DEATH	יווים ל זין	ary 10		19 5
5.	SEX	6 COLOR OR RACE	7. MARRI	ED NEVER	MARRIED 🔯 8.	DATE OF BIRTI	Н		9 AGE (In years lost bigthday)			INDER 24 HET
	* *		WIDOWE	D DIV	ORCED 🔲	1	1-2/5	ra .	77 yrs.	Menses Do	ys Ha	um Min.
100	JSUAL OCCUPATION	ON (G ve kind of work	done 10b	KIND OF BUS N	ESS OR INDUST		- / m		ountry)	12 CITIZEN	N OF W	HAT COUNTRY
	during most of workin	g life, even if refired)		Fine		区分子次	4444	Ia ti	or Fi	3		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N		01. 1			gain de more.
	Tolo Fer					Tors		rabam				
		ER IN U. S. ARMED FO	BCES2 14	SOCIAL SECUR	ITY NO. 17 &	PORMANT	- 54	T dividiil	5 4 4			
Į¥•	i, ne, ar unknown)	(If yes, give wer or do'es of	tervice)					,	Address	•		
	2 6	)			Tone M	ry. Jul	14 [	y Tmot	(r)			
		TH [Enter only one co		for (a), (b), and	i (c) ]						INTERVAL I	ETWEEN D DFAIH
	PART I. DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE (c	, Char	rey spo.	Ae Lecué	mition					St a	1,
	916.0	DUE TO							-			> 7*
	Conditions, if any, which) (b)											
1	gave rise ta immed	liale couse										
	(a), stating the t	Inderlying										
7		IER SIGNIFICANT CON		ONTE BUTING T	O DEATH BUT N	OT BELATED TO	THE TERM	INIAI DICEACE	CONDITION OF	VENT IN GART 12	allo vi	TAC A ITORCY
2	PARI II. OII	ick storaineant cor	DII OI13 <u>C</u>	DIA MUDINAGI	O ULAIII WOLLE	OI KEENIED IC	A TITE TENNY	INVERSIVA	. CONDITION OI	AZOLUA UMENTE	PE	RFORMED?
2											YES	NO E
CERTIF	PRIMARY E or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	06 DESCRIE	IE HOW INJURY	OCCURRED (E	nter nature of ii	njury in Port	t I ar Feri II :	of item 18 )			
	CAUSE OF DEATH.		Ties	in bed	on secon	d fl or	c wher	1.one	caught	on fire		
3	20c. TIME OF INJUI	Y Month, Doy, Ye			RED 20e PLAC	E OF INJURY (	Hame, form	20f. (City	or lown)	(County	1)	(State)
MEDI	Haur a.m.	2/12/50 19	While of w	ork of work	10	*	E Didy , etc.		verna Pa	nle ·		2
1		at I took charge					Autops				17	and in my
		resulted from:		-	_	_			, Undete	, ,	-	7
	/	roones main	/		) locate in [2		، بنا	1011110100	L., Onder	rimineg ma	miei [	
	ACTUAL L	uilave )	2.	. F. XII	Vh	CHIEF	MEDICAL EX	AMINER			DA	TE SIGNED
	SIGNATURE	160000		The state of the s	<u> </u>	, M,D		_				
	EXAMINER'S							AL EXAMINE	7/17	150		
		agtave i.					MEDICAL	EXAMINER [	3 - A/ JAA.			
220	REMOVAL (Specify)	N 276 DATE THERE	OF		CEMETERY OR			22d LOCAT	TON (City, lown,	ar county)	(	(State)
	Burial				Baptis'	t Cem.		Earle	igh Hgh	ts., Md		
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	h		240. REC'I	D BY REGISTI	RAR 24b. REGI	ISTRAR'S SIGNA	ATURE	
(	J. 12. Jo	hason, do	make	fin Of	nd.		DATE	1 6 150	, , ,	the O K		
7		ZVVL		λ //				2. 1. (J. 12.)	t the time	अपने में नीन	and the	TO PARTICIPATE OF THE PARTICIPAT
		V	YV	/ V								



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ADDRESS

e. IS RESIDENCE ON A FAPM" YES NO T

Year

Hours | M n

IFUNDER TYEAR IF UNDER 24 H25

12 CITIZEN OF WHAT COUNTRY?

19 50

Reg. Dist. No

Months Days

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Julia Iny (mo	th r)	
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en		_ Cu''r
ED TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
of injury in Part I ar Part H	of Hem 18)	
oor when love	caught on fir	Α.
URY (Home, form, 120f. (City office bldg , efc.)	or lown) (Cour	
	erna Tark Md.	, ; A
an Autopsy , Ir	spection [], Inquir	, and in my
	, Undetermined m	
·'		Land Land
HEF MEDICAL EXAMINER		DATE SIGNED
SISTANT MEDICAL EXAMINE	* C	
PUTY MEDICAL EXAMINER	2/12/59	
RY 22d LOCAT	TION (City, town, or county)	(State)
m. Earle	igh Hghts., Mc	1.
240 REC'D BY REGIST		
DATEEB 1 6 '50		·

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Buria

23. FUNERAL DIRECTOR'S SIGNATURE



TO HOSPITAL OR

VS A1S (4) 15M 10/57

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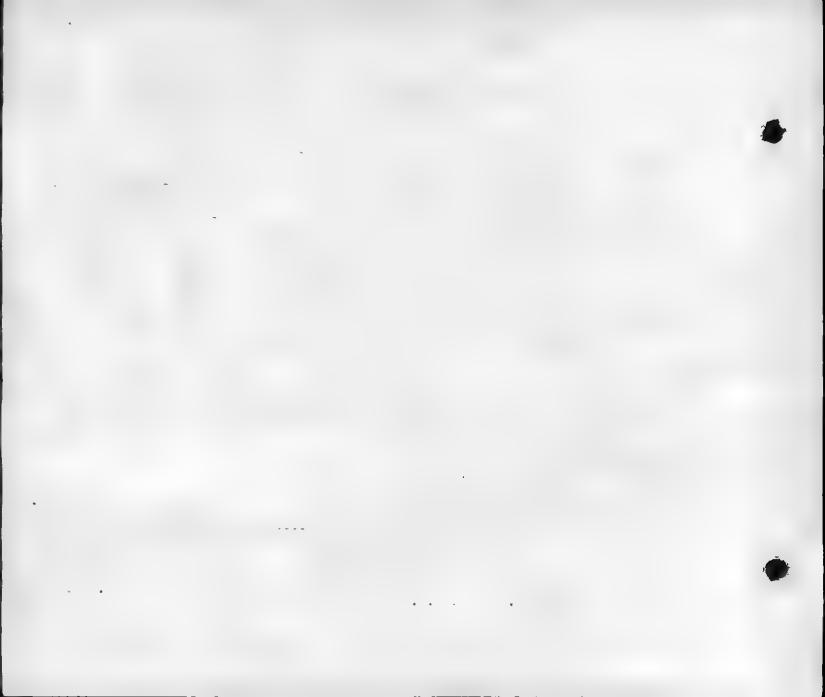
1439

CERTIFICATE OF DEATH

Reg. Dist. No.

	1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)						
		ANNE APUNDEL MARYLAND	MARYLAND 6. COUNTY BALTIMORE CITY						
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		(POU. SUILIF )22 days	BALTOMORE. ;						
		d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
)		3 FORKS BILLE STATE HOSPITE	1519-1701114Fais C7 VESTINOFT						
	3.	NAME OF First Middle							
	- 1	DECEASED (Type or print)	OF OF						
	_		0-11-12						
	5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS     Ost birthday   Months   Days   Hours   Min						
		1. I LITE / VITE G ?? WIDOWED   DIVORCED	100 11,1080 /2 m						
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU-	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY						
		MICHOLDER FOUNDRY	VIRBINIA USA						
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
		MILLIAM BRAND	MARCHARET BROADWAY						
/	15		NFORMANT Address_						
	(Ye	s no or shaknewn) (If yes, give wor or dates of service)	IM BLAND SAME						
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	/ / / INTERVAL BETWEEN						
		PART I, DEATH WAS CAUSED BY	ONSET AND DEATH						
		IMMEDIATE CAUSE (a) 171 CONTON 19							
		1/42 X DUE TO SOCIAL							
		Conditions, if any, which							
		gove rise to immediate DUE TO 11 / A T							
		lying couse lost. (c) HYDER KNTIVE F	Trikilos Pridie Cordio Vascullir 1/1844: 6						
	Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY						
	CAT	. Chremia.	PERFORMED? YES NO						
	CERT FICATION	200. ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)						
	CER	206. ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)						
	EDI	Hour o. m. While Not while for	clory, street, office bldg., etc.)						
	2								
		21. I certify that Lattended the deceased from	, 19.57, to 2-27, 19.57, that I lost sow the deceases						
		olive on 27, 1000 7, 1957, and that death	occurred ot 5 70 PM, from the couses and on the date stated above						
		A Maria Maria	ADDRESS (Street, city or lown) state) DATE SIGNED						
		SIGNATURE CAMERICAL CALLED	M.D. CICLONSVILLE STOR HOSPITAL						
,		DELIVERIES I ARCI MILE MILE							
		PHYSICIAN'S LIGHT / HEARY / 12 / P // )	Crown salle Rd.						
	22a	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (Stole)						
	1	SEMOVAL (Specify) 3-2-59 MOUNT F	WOULD BALTIMORE MIS						
	23.	FUNERAL PRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE						
		7 hour O. Walana) and	THE CASATE MAR 1 0'59 Cost of & France						
	_	- July	MANAGE TO A TANKE						







deoth.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

V5 A15 (4) 15M 10/57



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01422

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY Anne Arundel o. STATE **EXPLAND** Maryland Anne Arundel b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) RURAL and give negrest town) Odenton Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1. Box 406-A Route YES NO T The Anne Amundel General Hospital NAME OF Middle 4. DATE Last Year DECEASED OF DEATH (Type or print) 1900 Jerry Lynn Brown February IF UNDER I YEAR IF UNDER TO THE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years last birthday) Manths Davs Hours WIDOWED [ DIVORCED [ Female White February YES 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRYS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Gilmer Brown Carolyn Jeannette Ford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Rt. 1. Box 406A Odenton, Maryland 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY nulmonary 12 hrs IMMEDIATE CAUSE (a) 16004.0 DUE TO 12 has Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO I 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) MEDICAL 20c TIME OF INJURY 20e PLACE OF INJURY (Home form, 20f. (City or town) Dov. Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while at wark at work p. m. 26 Feb 1959, that I lost saw the deceased 21. I certify that I oftended the deceased from 25 Feb 1959 to and that death occurred at 12:20 1 M. from the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL RIVER CLUB ESTATES SIGNATURE PHYSICIAN'S JAMES 1. HUDSON F.DGFWATER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Glen Haven Memorial Glen Burnie

Glen Burnie Md.

24a, REC'D BY REGISTRAR

DATE MAR 2

24b, REGISTRAR'S SIGNATURE

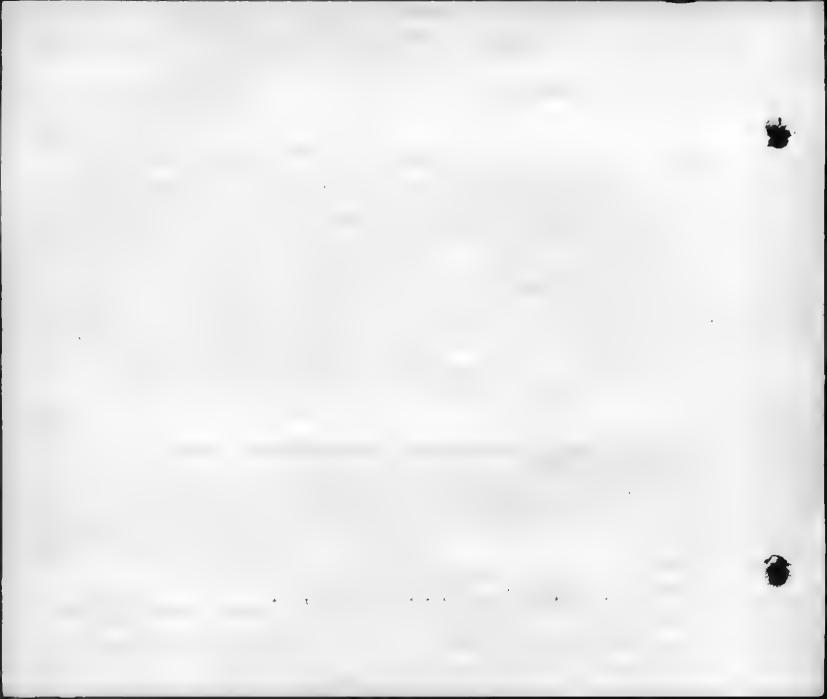
arthur & Trave

VS A15 (4) 15M 9/58 23 FUNERAL DIRECTOR'S SIGNATURE

Hopping and Kirkley,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1444 **CERTIFICATE OF DEATH** Rea. Dist. No eral directar, be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ewate1 IL d NAME OF HOSPITAL (If not in hospital, give street oddress} d STREET ADDRESS OR INSTITUTION 1 Box 2 in b NAME OF 4. DATE Middle Lost Month DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys DIVORCED | WIDOWED [ "yrs popers. 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? ofter death. during most of working life, even if retired) pup corbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion TOVE 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address offending CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN ONSET AND, DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Vasicular diseas à Canditians, if any, which any signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY burial 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) Hour factory, street, office bldg., etc.) a. m While Not while at work at work 21. I certify that I attended the deceased from that I last saw the deceased 6 M, from the causes and on the date stated above alive an and that death occurred ö ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ന 23a. BURIAL, CREMATION THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burick 0 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Hours

Day

YES NO Z

Year

19.7

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

that



YS A15 (4) 15M 9/55

1. PLACE OF DEATH

MARYLAND STATE DEPARTM	ENT OF HEALTH	-BALTIMO	ORE, 18		
1445 CERTIFICA	TE OF DEATH	t	Reg. D	01425	
ILLE GIVERDEL MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution: Reside	Itilizero City	ì
tide corporate limits, write town Glen Bulaic	c. CITY OR TOWN (IF o	Uside corporate lim		give nearest lawn)  VO / - 44	V
Ilf not in haspital, give street address) W 2A Make CR New Sing Home	d. STREET ADDRESS	Burn	e st	e. IS RESIDENCE ON A FARM? YES NO	
William Cald	Wiell lost	4. DATE OF DEATH	Month Z	27- 1959	
COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 3-16-7		(In years IF UNDE bigthday) Months	R 1 YEAR IF UNDER 24 HRS.  Doys Hours Min.	
Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)	12. C	TIZEN OF WHAT COUNTRY?	
ee Caldwell	14. MOTHER'S MAIDEN N	in de			
I U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 In my war or dates of service)	Charles	GULS	Address	20857	
[Enter only one couse per line for (a), (b), and (c).]  WAS CAUSED BY:  MEDIATE CAUSE (a)	Fulling			INTERVAL BETWEEN ONSET AND DEATH	
(6)	fell Ox	livene	brose	Évili	
ediote Dus 70	1				

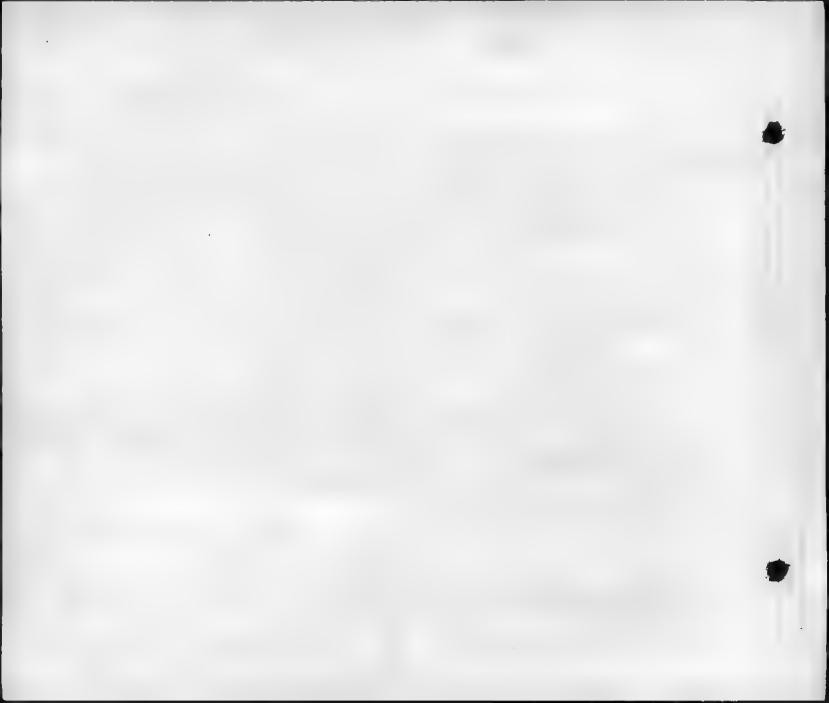
	٥	COUNTY (ILME CLUBBLE) MARYLAND	o. STATE / /a	ryland	b. COUNTY BE	Himorolity	
	ŧ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Glen Bulaic  C. LENGTH OF STAY IN 1b  RURAL ond give nearest town)  Bulaic  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bulaic  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
4	•	OR INSTITUTION PLAZA MARCA NEWSing Han	d. STREET ADDRESS	5 Bur	d st	e. 15 RESIDENCE ON A FARM? YES NO	
		IAME OF First Middle Middle (A / A / A / A / A / A / A / A / A / A	Wiell Last	4. DATE OF DEATH	Month Z —	27- 1959	
	5. \$	Mull 6 COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED	8. DATE OF BIRTH 3-16 -	72 9 40	GE (In years IF UNDE st bightholog) Months	Days Hours Min.	
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Sto	te or foreign country	) 12. C	ITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME (bee Caldwell Holiv Ca						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Chavles Green or unknown] (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Chavles GULG - D: 208					20857	
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Fulling			INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if ony, which gove rise to immediate (b) Gaussul,	i fed O.	rlives	elmi	Eveli	
	tying cause last.    Column   Column						
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TER	MINAL DISEASE COM	1DITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [	
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Pl While Not while of work 19	LACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City or to	wn]	(County) (State)	
		21. I certify that I attended the deceased from 2 14, 1957, to 2 14, 1957 that I last saw the deceased alive on 2 2 1, 1957, and that death occurred at 13 4M, from the causes and on the date stated above.					
		ACTIVE Felices presented M.D. P. Beld 37 Edward Well					
1		PHYSICIAN'S FEBRUA GALLA hery	la st		2-22	-59-	
	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CORRECTOR BURIAL Specify Burial	OR CREMATORY	22d LOCATION	(City, town, or county)	(State)	
	23. <sub>L</sub>	Melton & Elicken 1298 Ca	When St DATE	C'D BY REGISTRAR	245. REGISTRAR'S.S.		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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physician

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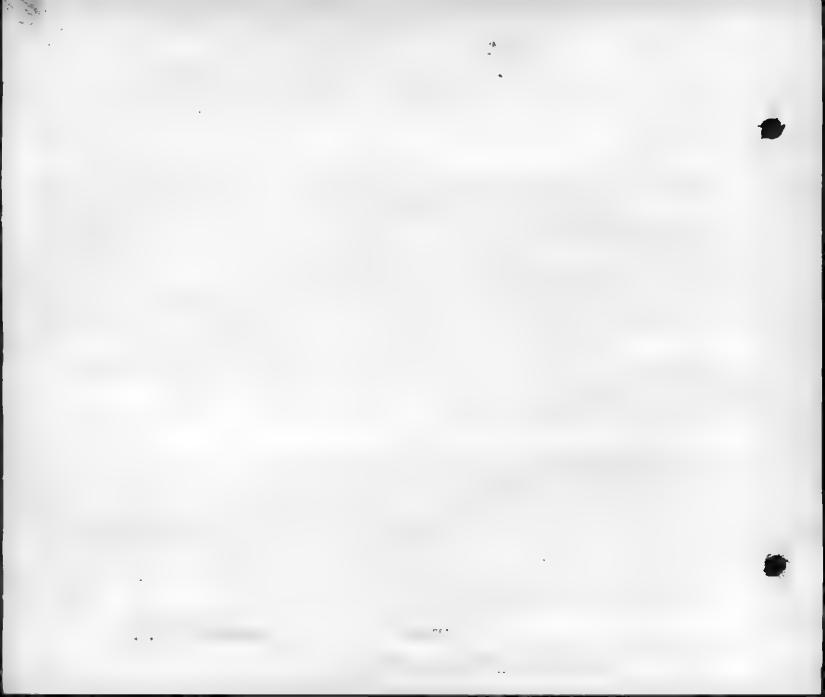
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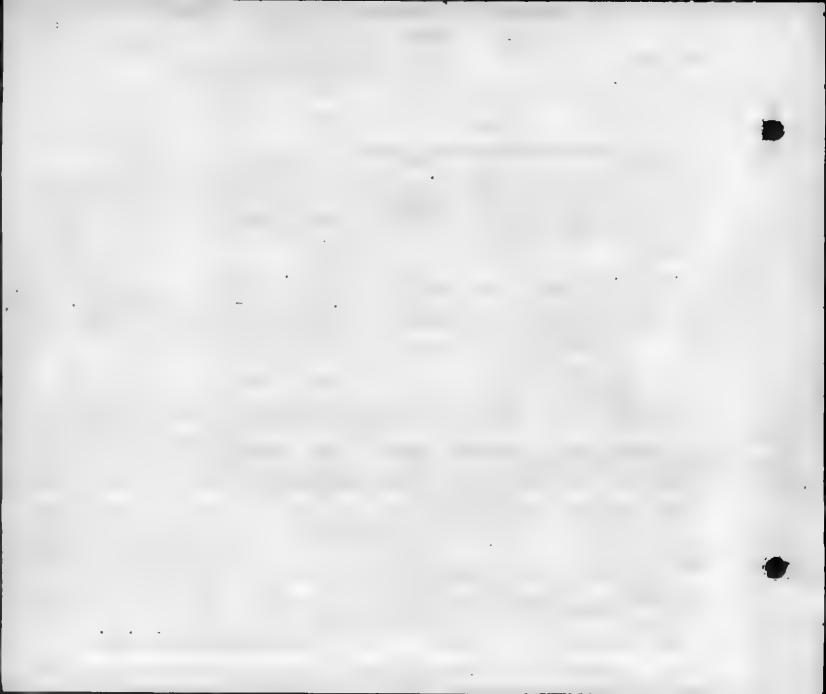


1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
W 255	1		1448 CERTIFICATE OF DEATH	Reg. Dist. No. 01428
Page director led wit	(7)	1. P	ACE OF DEATH COUNTY ARE ATURGE MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institute of STATE AND STATE OF STATE	
death uneral id be fi		ь	CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write NARAL and give nearest town) ?	
ors ofter by	10	d	NAME OF HOSPITAL (If god in hospital, give street oddress) ORUNSTITUTION Crowhaville Itale Hospital. 1209 - 69th Place	e is residence on a farm? YES \( \) NO \( \)
n 24 ho Filled in Ses 1 on		()	ype or print) Henrietta CLARK DEATH 2	Doy Year - 13 1959
od within		5 51	WIDOWED DIVORCED 14/3/1908 5037/401/	Months Days Haurs Min
execute and cam on pape			USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Rate or foreign country) was at working life, when if retired)	12 CITIZEN OF WHAT COUNTRY?
sicion o ve carb			ATHER'S NAME RICHARD Barnes 14. MOTHER'S MAIDEN NAME	
h certiff ing phy se remo 172 hau		15. \ (Yes	VAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (18 yes, give wor or dates of service) 16. SOCIAL SECURITY NO ELIZABETH CLERK - Day	Liter, Highland Par
attend on plea			18. CAUSE OF DEATH [Enter unly one cause per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  TYPE (A)	INTERVAL BETWEEN ONSET AND DEATH
that the I by the nit. The ny even			conditions, if any, which) DUE TO Cerepro-Vascular- accident - Brain	Stem.
requires on. I signed sit pern ind in a			gave rise to immediate cause (a), stating the under: DUE TO Hypertensive Cardiovascular Renal of	Segre.
physicias beer ial-tran	0	CATION	PANT H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
HAN: Thending ficate for the burner or ren		CERTIF	200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC al ar at his cert use as emation		MEDICAL	POC TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m.  p. m. 19 at work at work 19 at	(County) (Slate)
MDING hospites After I ched fail, crial, crial,			21. I certify that attended the deceased from 2/7/, 19.59, to 7/3/, 19.39 plive on 19.59 A, and that death accurred at 7:50 PM, from the causes	7, that I last saw the deceased and on the date stated above.
ATTER J by the OR. Or to be			ACTUAL WHILE HOLLING HOLLING HOLLING HOWEN	DATE SIGNED
retoine tAL DIS should	/		PHYSICIAN'S LICHER MHERY MAPP Crownsville.	Md.
HOSP may be FUNEI page 3			BURIAL CREMATION, 22b. DATE THEREOF / 22c NAME OF CEMETERY OR CREMATORY 22d LOCAT ON (City town, REMOVAL (Specify) 2/18/59 Woodlawn. Washington.	1 *
VS A15 (4)		23	ADDRESS ADDRESS ADDRESS	SISTRAR'S SIGNATURE CONTLAND & GRAND
13ML 10/3/		7	The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY O STATE/ b. COUNTY hours ofter death. o is CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY-OR TOWN (If-outside corporate limits, write RURAL and give nearest town) å RURAL and give negrest town) 101 2 d NAME OF HOSP.TAL (If not in haspitoly give-street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1-1-6. YES NO 3. NAME OF First Middle 4. DATE Lost Yeor DECEASED OF DEATH within 24 (Type or print) 195 S. SEX 7 MARRIED | NEVER MARRIED | 6 COLOR OR RACE 9. AGE (In years 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HR lost birthday) Months Days Hours WIDOWED T comple DIVORCED popers. yrs. 18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 17 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN Address TB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or lown) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg, etc.) o. m. While Not while at work of work p. m. 21. I certify that I attended the deceased from Xx That I last saw the deceased olive on and that death accurred at .M, from the causes and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED **ACTUAL** SIGNATURE prior OP. shoul PHYSICIAN'S NAME (Type) FUNER. 220. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Jown, or county) pode (Stote) REMOVAT (Specify) he 20-15 suro 0 **ADDRESS** 24o. REC'D-BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) cher L. & Frank 15M 10/57 DATEFR





VS A15 (4) 15M 10/57 10

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01431

1450 CERTIFICATE OF DEATH

	Kag. Disi	1, 140.
PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence a. STATE b COUNTY BALLTIMOTE	e before admission)
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16	c. CHY OR TOWN (If outside corporate limits, write RURAL and gi	OT 03
Crownsville 2yr.4mo.24da		va negresi rown)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Crownsville State Hospital	129 Amity Street	YES NO
3. NAME OF First Middle  (Type or print) Bud	Lost 4. DATE Month OF DEATH 2	18 Yeor 59
5. SEX  Male  6 COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	December, 1883   lost birthdoy)   Months   75   yrs	YEAR IF UNDER 24 HRS Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (Slate or foreign country) 12 CITIZ	ZEN OF WHAT COUNTRY?
during most of working life, even if retired)  VLongshoreman	Maryland	U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
James Davis	Hallie	
(Yes no or unhance)	Hospital Kecords	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myocardial Infa:	rct	ONSET AND DEATH
IMMEDIATE CAUSE (a)		
Anteriogolaroti	c Cardiovascular-Kenal Disease	
Conditions, if any, which gave rise to immediate		
couse (a), stating the under-		
lying couse last (c) (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Tuberculosis, Pulmonary-iar advance		YES NO 4
OR CONTRIBUTING LI CAUSE OF DEATH	D (Enter nature of injury in Port I ar Port II of item 18.)	
Hour o. m While Not while for	ACE OF INJURY (Hame, form, 20f (City or tawn) (Control of the control of the cont	ounly) (State)
p. m. 17 ot work ot wark		
21. I certify that Dattended the deceased fram 9/24	19 56 to 2/18 19 59 that I lo	ist saw the deceased
alive an /2/18, 1959 , and that death	m e n 110 .	
1/19/2 1/2/1	ADDRESS (Street, city or town, stole)	DATE SIGNED
SIGNATURE LIGHT // CO Liny // 9/6.	M.D. Crownsville State Hospital, M	
PHYSICIAN'S NAME (Type) Lionel McHenry Mapp, M. D.	Crownsville State Hospital, M	и. D. 2/18/59
220, BURIAL CREMATION. 226 DATE THEREOF 22, NAME OF TEMETERY OF SEMENTERY OF LAND WILLIAM STREET, STRE	OR CREMATORY. 22d. LOGATION (C.) Jown, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	NATURE
Mrs Katie R Williams Schroed		Ten ad



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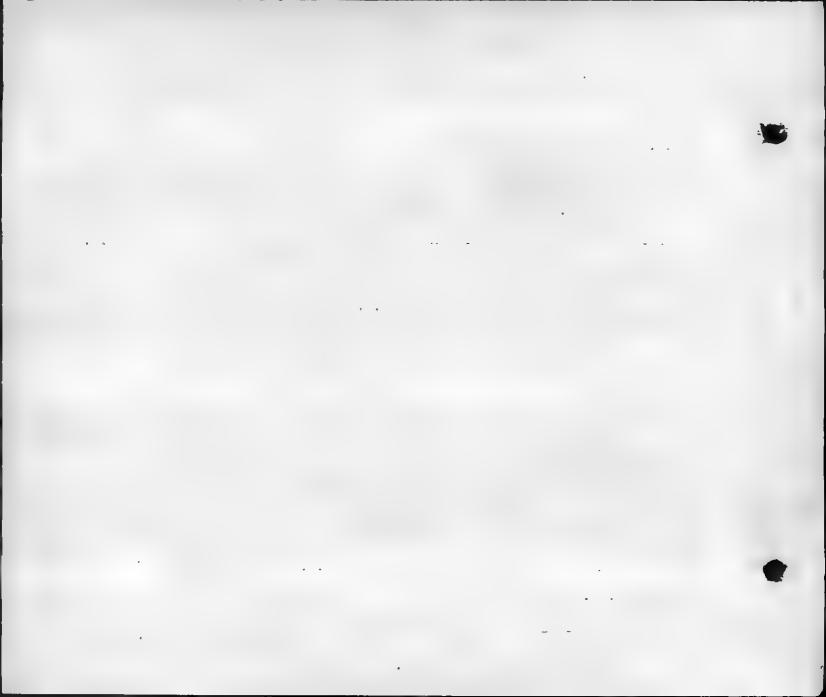
01432

**CERTIFICATE OF DEATH** 1414

Reg. Dist. No.

а		LACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission)								
	۰		Arundel		MARYL	AND	Maryland Anne Arundel								
	ь	. CITY OR TOWN (If RURAL and give nea	outside corporate lim prest town)	its, write	c. LENGTH OF STAY II	N 16				rote limits, write				1)	
	_	Annapolis					Davidsonville								
	d	OR INSTITUTION	L (If not in hospital, s	give street	t address)		d. STREET A	DDRESS				1	ON A	FARM?	
		U.S. Nava	Al Hospita	1			R	oute	1. Box	30A			YES 📆		
	3 N	NAME OF	Fi	rst	Middle		Las	)	4. DATE	М	onth	Day	,	Year	
		Type or print)	Jar	nes	Edwar	d	DAV	IS	OF DEATH	Febr	uary	18	\$ 1	19 59	
	5 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	<b>1C</b> 8	DATE OF BIRTH	1		9. AGE (In year	IF UNDER	I YEAR	IF UNDE	R 24 HRS.	
		Male	Cauc.	WIDOW	ZED DIVORCED		18 Febr	uary	1959	lost birthdoy		Doys	Hours	13	
	10a	USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b	. KIND OF BUSINESS OF	INDUST	RY 11. BIRTHPL	ACE (State	or foreign co	vatry)	12 CIT	IZEN O	WHAT	COUNTRY	
1			ng me, even it lemed	'			Mar	vland				U.S	3.		
Л	13. F	FATHER'S NAME					14. MOTHER'S	MAIDEN N	JAME						
		Sperry Day	dd DAVIS				Rose	tta L	ncile	ROLLER					
ı	15. 1	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT	004 1	- COLLO		dress				
		No (I	l yez, give war ar dates of a	ervice)		111	S. Nava	) Hoe	nital	Annano	Jie M	กรพรไ	hand		
			W (Sates cally one or	ute per l	ine for (a), (b), and (c).]		D. Mara	1 1103	progr	Miliapo	TTO I				
	- 1		H WAS CAUSED BY:			כודה זו כני	DIBERRE	76				INTERVAL BETWEEN ONSET AND DEATH			
-		M . A	IMMEDIATE CAUSE (		YALINE MEMB	THIND	DISEASE	20				-	1 do	our	
		.0	DUE TO	)											
		Conditions, if an gove rise to im		<b>)</b>											
		cotse (a), slating th		•											
		Lying couse lost, (c)													
	ō	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?													
3	3													NO 🗌	
	84	20g. ACCIDENT WAS	CALISE OF BEATH	205. DES	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of	injury in P	Port I or Port	It of item 18.)					
	-	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
-	MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye			20a, PLA	E OF INJURY I	lome, form,	20f. {City	or town)	((	County)		(Stote)	
	WED	Hour a.m.	19	While of wo	Not while	IOCII	ory, street, office	blag., etc.	1						
			at I attended the	docad	sed fram 18 Fe	hmis	17V 10 59	18	Fehru	12 TV 10 5	(0		AI.		
					59, and that										
		duse out Total	COLUCTA T	, \7	, and that (	Jeath (	בכטוופם פון			i the causes met, city or town		ne date		ed above. LTE SIGNED	
		ACTUAL					11		,	SPIT AL	n, sidiej				
ı	- 1	SIGNATURE	-	2 1		M	.DU.	J. WA	VAL III	VAL TI MP		<		-59	
1		PHYSICIAN'S F.	M. KENNY	LŤ	MC' USNR		AN	NAPOL	JS, MA	RYLAND		~~~~			
	220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or co								. or county)		(Stote	<b>:</b> )			
	Burial 2-20-59 Naval Cemetery Annapolis Md								Md.						
	23. DINESAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN										CALATITO				
	600	Hoppinglu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						B 2 4 '59		-1-18				

TO MOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death, Page 4 VS A15 (4) 15M 9/55





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- CEPTIEICATE OF DEATH

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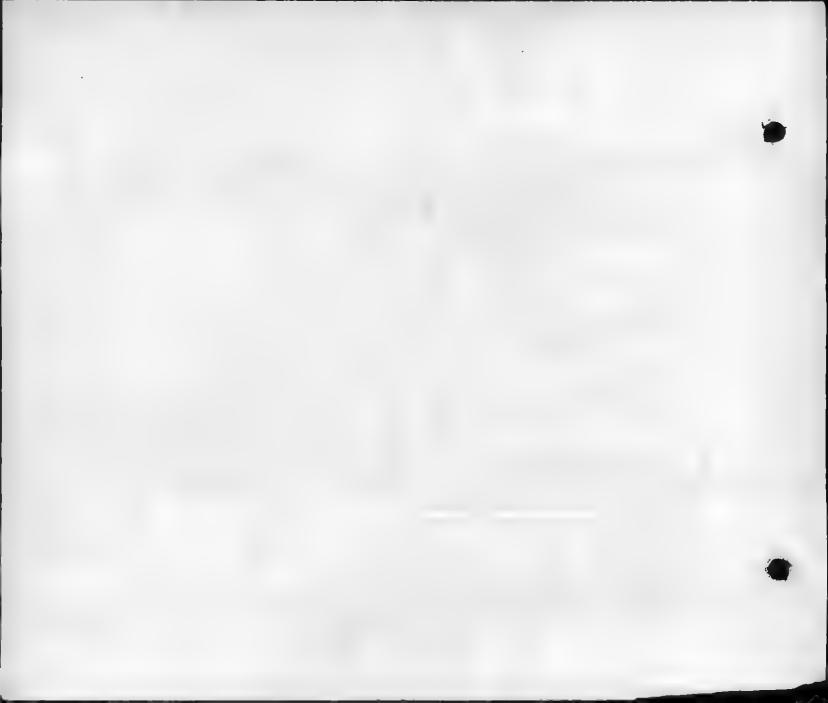
DECASED (Type or print)  TS. PULL PROTECT  S SEX  6. COLDS OR RACE 7. MARRIED NEVER MARRIED S DATE OF BIRTH  (100. USUAL OCCUPATION (Cive kind of work done)  100. USUAL OCCUPATION (Cive kind of work done)  100. USUAL OCCUPATION (Cive kind of work done)  101. SUAL OCCUPATION (Cive kind of work done)  102. CITIZEN OF WHAT COUNTY  103. FATHER'S NAME  104. MOTHER'S NAME  105. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  107. INFORMANT  108. CAUSE OF DEATH [Enter only one couse per line for [o]. [ib]. and [ic].  109. THE CAUSE OF DEATH [Enter only one couse per line for [o]. [ib]. ond [ic].  109. THE CAUSE OF DEATH [Enter only one couse per line for [o]. [ib]. ond [ic].  109. THE CAUSE OF DEATH [Enter only one couse per line for [o]. [ib]. ond [ic].  109. THE CAUSE OF DEATH [Enter only one couse per line for [o]. [ib]. ond [ic].  109. THE CAUSE OF DEATH [Enter only one couse per line for [o]. [ib]. ond [ic].  109. THE CAUSE OF DEATH [Enter only one couse per line for [o]. [ib]. ond [ic].  109. THE CAUSE OF DEATH [In OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [io] IS WAS AUTOPSY PERFORMED?  109. THE CAUSE OF DEATH [In OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [io] IS WAS AUTOPSY PERFORMED?  109. THE CONDITION GIVEN MAS AUTOPSY PERFORMED?  109. DECASTOR FOR MURITY MORIL OF DEATH [IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [io] IS MAS AUTOPSY PERFORMED?  109. THE CONDITION GIVEN		1451	CERTIFICA	AIL OF DEATH		Reg. Dist. No.			
AUMAN OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital, give street address)  J. NAME OF MOSTIAL (Prot in hospital)  J. NAME OF MOSTIAL (Prot i		COUNTY	MARYLAND	a. STATE		ons Residence before admission)	)		
d. STREET ADDRESS    STREET		RURAL and give nearest town)			utside corporate limits, write R	URAL and give nearest town)			
DECASED (Type or print)  19 STA  10 COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years fail brindoy) you will owned to be a second of the brindoy of your will owned to be a second of the brindoy of your will be a second of the brindoy of your will be a second of the brindoy of your will be a second of the brindoy of your will be a second of the brindoy of your will be a second of the brindoy of your will be a second of the brindown of the brind		OR INSTITUTION	- A	d. STREET ADDRESS		ON A FA	LRM?		
5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   9. AGE (In years in Color birthop)   100 morthop   100 mor		DECEASED		Lest	OF DEATH	1			
Tamping most of working life, even if relired    Tamping most of working life, even if the working life, eve	5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	, ,	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 2			
13. FATHER'S NAME  Johnothon Miller  IS WAS DECEASED FOR IN U. S. ARMED PROCESS?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  IT. AND PROCESS OF DEATH [Enter only one couse per line for [o]. (b). and (c).]  PART I. DEATH WAS CAUSED BY, U. T.	100	during most of working life, even if retired)					NTR		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  (18. CAUSE OF DEATH [Enter only one couse per line for lo), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for lo), (b), and (c).]  19. PART II, DEATH WAS CAUSE (b) POPTEN LIVE CORTOLO VASCULAR BY ONSET AND DEATH 3 Y.  10. Canditions, if any, which gave rise to immediate couse (c), staining the under lying couse lost.  10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOFSY PERFORMED?  YES DEED VISION OF THE CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOFSY PERFORMED?  YES DEED VISION OF THE COUNTY OF THE CONTRIBUTING CONTRIBUTI	13.		V A A A A A A A A A A A A A A A A A A A				- to he had her the described		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  (18. CAUSE OF DEATH [Enter only one couse per line for lo), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for lo), (b), and (c).]  19. PART II, DEATH WAS CAUSE (b) POPTEN LIVE CORTOLO VASCULAR BY ONSET AND DEATH 3 Y.  10. Canditions, if any, which gave rise to immediate couse (c), staining the under lying couse lost.  10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOFSY PERFORMED?  YES DEED VISION OF THE CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOFSY PERFORMED?  YES DEED VISION OF THE COUNTY OF THE CONTRIBUTING CONTRIBUTI		Johnsthon Miller		Maricanita	Tork.				
18. CAUSE OF DEATH [Enter only one coure per line for [o], (b), and [c].]  PART I, DEATH WAS CAUSED BY: OF PETENDIVE CARCIO VASCULAR discours.  DUE TO  Carditions, if only, which gave rise to immediate cause [o], lating the under [o].  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) [19] WAS AUTOPSY PERFORMED?  YES   NO [3]  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of item 18)  OC CONTRIBUTING   CAUSE OF DEATH   FIRTHER NOTHY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year   Not while   19 While   Not while   of work   Not while   ACTUAL SIGNATURE   ACTUAL SI	15 (Ye	WAS DECEASED EVER IN U. S ARMED FORCES? 16, no. or unknown) [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17. I			ress			
Canditions, if any, which gave rise to immediate coute (a), stating the under lying couse last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY YES NO [3]  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)  OR CONTRIBUTING   CAUSE OF DEATH III ETHIER, NOTIFY MEDICAL EXAMINER?  20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED while of work of order, street, office bidg. etc.)  19   WAS AUTOPSY PERFORMEDY YES   No [3]  20c. ACCIDENT WAS UNDERLYING   20d. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)  OR CONTRIBUTING   CAUSE OF DEATH III ETHIER, NOTIFY MEDICAL EXAMINER?  20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED while of work of order, street, office bidg. etc.)  19   WAS AUTOPSY PERFORMEDY YES   No [3]  20c. ACCIDENT WAS UNDERLYING   19 WAS AUTOPSY PERFORMEDY (Enter nature of injury in Part I or Part II of item 18)  OR CONTRIBUTION   19 WAS AUTOPSY PERFORMEDY III of item 18)  20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part II or Item 18)  20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part II or Item 18)  20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED (Injury I I I I I I I I I I I I I I I I I I I		18. CAUSE OF DEATH [Enter only one couse per 1 PART I, DEATH WAS CAUSED BY:		vascular disc	33C3	INTERVAL BETWONSET AND DE	/EEN EATH		
21. I certify that I attended the deceased from about 7th, 1955, to rel., 1959, that I last saw the decease alive on \$1.59, 19, and that death accurred of 30. P.M. from the causes and an the date stated about ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE SIGNATURE SIGNATURE DATE THEREOF  220 BURIAL, CREMATION, 22b. DATE THEREOF  220 BURIAL, CREMATION, 22b. DATE THEREOF  221 BURIAL, CREMATION, 22b. DATE THEREOF  222 BURIAL, CREMATION, 22b. DATE THEREOF  2240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  235. FUNERAL DIRECTOR'S SIGNATURE SIGNATURE  246. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	TION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  (b)  DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PERFORM	VED3		
21. I certify that I attended the deceased from about 7th, 1955, to rel., 1959, that I last saw the decease alive on \$1.59, 19, and that death accurred of 30. P.M. from the causes and an the date stated about ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE SIGNATURE SIGNATURE DATE THEREOF  220 BURIAL, CREMATION, 22b. DATE THEREOF  220 BURIAL, CREMATION, 22b. DATE THEREOF  221 BURIAL, CREMATION, 22b. DATE THEREOF  222 BURIAL, CREMATION, 22b. DATE THEREOF  2240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  235. FUNERAL DIRECTOR'S SIGNATURE SIGNATURE  246. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	CERTIFICA	200. ACCIDENT WAS UNDERLYING [] 20b. DE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Part I ar Part II af ilem 18 }	YES [] N	10 <u>F</u>		
alive on \$\frac{159}{6}\$, 19, and that death accurred at \$\frac{30}{2}\$ P.M. from the causes and an the date stated above the	MEDICA	Hour a.m. 19 While	Not white fo	ACE OF INJURY (Hame, farm clary, street, affice bldg., etc.	20f. (City or town)	(County)	(Slate)		
NAME (Type) Gustavo a Forbort D  220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  Burial Specify 2/9/59 Jersey Shore Cemetery Lycoming Co. 2. FUNERAL DIBECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ADDRESS		alive on 2/6/59 , 19	, and that death	accurred of Z.30_E	M, from the causes of ADDRESS (Street, city or town,	and on the date stated state) DATE	abav		
Brenoval (specify) 2/9/59 Jersey Shore Cemeters Lycoming Co. 22. FUNERAL DIBECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE ADDRESS			rt, 1 1)						
		Burial 2/9/59	Jersey Sh	ore Cemeter	, , , , , ,	(			
HODOING & Kirkley, Gion Burnia Md   Date FER 9 '59   City of the		a design of the second	ADDRESS						

funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or altending physician.

TO FUNERAL D TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld are detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

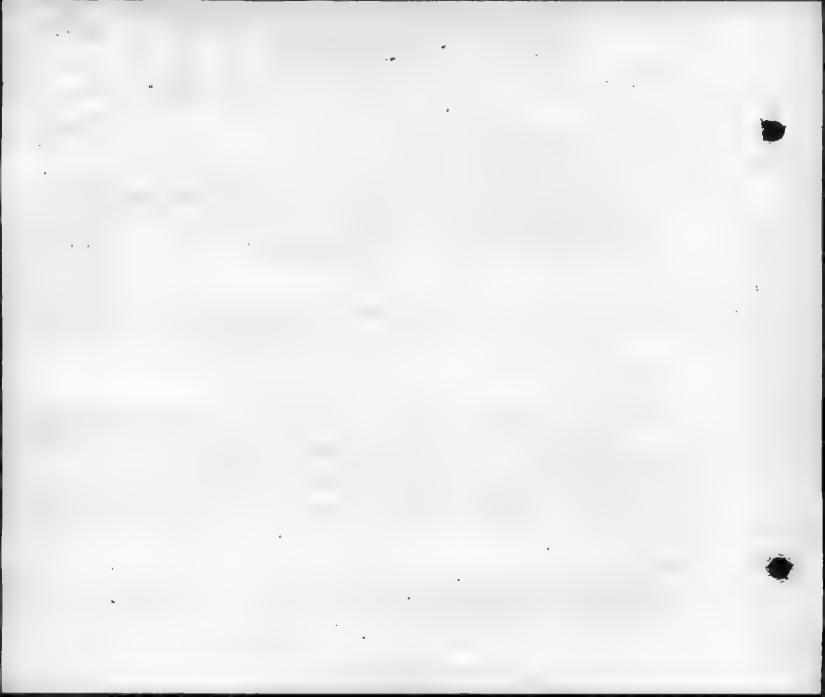


VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

1	453	CERTIFIC	ATE OF DEAT	Н	Reg. Dis	1 . L 注 · t. No.	0.0
1. PLACE OF DEATH COUNTY Anne Arungel		MARYLAND	2 USUAL RESIDENCE (W • STATE Maryland			e befare admissi	on)
b. CITY OR TOWN (if outside corpor RURAL and give nearest fown) Crownsville	ote limits, write c	LENGTH OF STAY IN 16 6200 • 408.78	c CITY OR TOWN (IF	outside corporate limits			)
d NAME OF HOSPITAL (If not in ho	e nospita	dress) 1	d STREET ADDRESS	rairmount	Avenue		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	<sup>First</sup> Jonn	Middle	Evan <b>s</b>	4. DATE OF DEATH	Manth 2/		9 59
5. SEX 6 COLOR OR Negr	TO STATE OF THE ST	NEVER MARRIED  DIVORCED	8 DATE OF BIRTH 5/10/81	9 AGE ( lost b)	In years IF UNDER 1 rindoy) Manths yrs.	YEAR IF UNDE	R 24 HRS Min
10a. USUAL OCCUPATION (Give kind a during most of working life, even if Unemployed	f work done 10b. KII retired)	ND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote North C	-	12 CITI	ZEN OF WHAT	
Unknown			14. MOTHER'S MAIDEN Unknown	NAME			
15. WAS DECEASED EVER IN U. S. ARM (Yes no or unknown) Unknown	dates of service)		INFORMANT Hospital Reco	rds	Address		
Conditions, if any, which )	D BY STEPPEN	Llitic & Arte	eriosclerotic	Cardiovaso	ular	INTERVAL BET ONSET AND	WEEN DEATH
lying cause lost.	(c) IT CONDITIONS CO	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE CONDIT	TION GIVEN IN PART	PERFOI	AUTOPSY RMED? NO
	DEATH! -	BE HOW INJURY OCCURRE	D (Enter nature of injury in	Part 1 or Part II of iten	n 18.)		
20c. TIME OF INJURY Month, Do	ry, Year 20d. INJL While at wark [	_ Nat while fo	ACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or town)	(Co	ounty)	(State)
21. I certify that attende ative on	d the deceased		occurred at \$55A	2/12  M, from the co ADDRESS (Street, city)  11e State 4		e date state	
Diverge 6 asse	McHenry M	app, M. D.	Crownsvi	lle State	Hospital,N	ld. 2/	<u> 13/59</u>
220 BLRIAL CREMATION, 22b. DATE REMOVAL) (Specify)	HEREOF 4	Vorivertae of	Tind	Baltm	r, town, or county)	(State	b
23. FUNERAL DIRECTOR'S SIGNATURE	Roma	ADDRESS	7 1 240 PREC	D BY REGISTRAR 2	46 REGISTRAR'S SIG	NATURE Trans	



VS A1S (4) 15M 10/S7

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1454	CERTIFICATE	OF	DEATH	

M

	Keg. Dist, No.
1. PLACE OF DEATH  a. COUNTY / 17 21 = fty a vide maryland	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  On A FARM? YES NO IN
3 NAME OF DECEASED (Type or print) CCMM OF DECEASED	St Loss 4. DATE Month Day Year OF DEATH FELY . 26 1959
S. SEX  OF COLOR OF FACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH S S S S S S S S S S S S S S S S S S S
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 LEIRTHPIACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY  (1)
13. FATHER'S NAME JESTER SPERREY,	14. MOTHER'S MAIDEN NAME
15. WAS DECFASED EVER IN U. S. ARMED FORCES?  (Yes. no. or unknown)  (If yes, give war or date of service)  (If yes, give war or date of service)	Supon Glenn Ja, Leverna Pk ma-
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which  (b)	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying cause lost.  (c)	intellementente
I E I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO
OK CONTRIBUTING LI CAUSE OF DEATH	D (Enter nature of injury in Port I or Port It of item 18.)
	ACE OF INJURY (Home, farm, 20f. [City or town) (County) (State) ctory, street, affice bidg., etc.)
21. I certify that I attended the deceased from 17.5.5	19 to 1-2 Se S , 19 , that I last saw the decease
alive an	ADDRESS (Street, city or lown, stote)
SIGNATURE TO SCHOOL SECTION	mor Deachard Cally
PHYSICIAN'S ROLLY TR. HA	HIV: 100 2 36 17
220 BURIAL CREMATION. 226 DATE THEREOF 22r, MAME OF CEMETERY O PARTIES OF THE STATE	R CREMATORY ROTTON (City, town, or county) (State)
Shiriam Belse, 12- Cuma, md.	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE DATE AR 3 159 Cirthur & Front



L	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page A		TO FUNERAL Did OR: After this certificate has been signed by the ottending physician and completely filled in by foundation of		,
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	R AT	2		20 0	ior to
	410	may be retained to the hospital or attending physician.	L Dis	page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 11 da be filed with	the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death.
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	HO	TOY	FE	agac	he re
	10		10	-	-

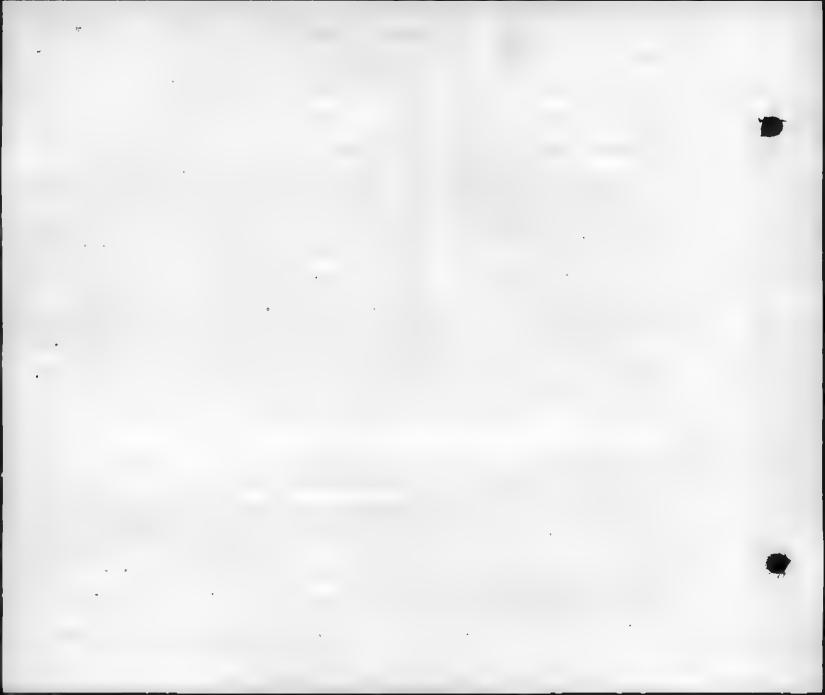
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Neg. Dist. No. 1438

	14	55	CERTI	FIC/	ATE OF DEA	TH		Reg. Dist	111408
I. PLACE OF DEATH 6. COUNTY	101		MARY	LAND	2. USUAL RESIDENCE o. STATE		b. COUNTY		
b. CITY OR TOWN (IF	outside corporale limit	s, write c	LENGTH OF STAY	IN 1b	Transfer of the second		porate limits, write f		
RURAL and give near Sev∈rna F			2 vrs.		> Severn	n inml	r		
d. NAME OF HOSPITAL		ive street ad			d. STREET ADDRES		~		B IS RESIDENCE
Linstead	on the S	ever	1		Linstead	on th	a Savar	120	YES NO X
3. NAME OF DECEASED (Type or print)	Firs		Middle	SE	GOSNELL	4. DATE	Moi		Day Year 13. 19 59
	6. COLOR OR RACE	7 MARRIEL	NEVER MARRIE	0.0	B. DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 HRS
Female	White	WIDOWED	DIVORCE		June 291	1882	lost birthday) 76 yrs.	Months	Days Hours Min
Do. USUAL OCCUPATION during most of working	(Give kind of work d	lane 10b. KII	ND OF BUSINESS O			tate or fareign	country)	12 CITIZ	EN OF WHAT COUNTR
Hostess	(ret.)	Joh	ns Hopk	ins	Baltim	ore.	Maryland	U.	S.A.
3. FATHER'S NAME					14. MOTHER'S MAID				
Charles	A. Go	snell			Tamse	y R. F	Ioran		
5 WAS DECEASED EVER	IN U.S. ARMED FORCE	CE5? 16. SC	CIAL SECURITY NO	12 F	NFORMANT			Iress	
no	77.77.	, ,	_	Mr	. Charles	Mi. Go	snell.	Same	As #2
	H [Enter only one cau		for (o), (b), and (c).						INTERVAL BETWEEN
PART I DEATH	HWAS CAUSED BY:	C	ardio-V	asc	ular Dise	ase			3 vrs.
722,0	DUE TO								
Conditions, if any			Rheumat	oid	arthriti	S			20 yrs.
gove rise to import to couse (a), stating the lying cause last.									
PAUT 11. OTHE 200 ACCIDENT WAS OR CONTRIBUTING E U (IF EITHER, NOTIFY M	R SIGNIFICANT CONE	DITIONS COL	NTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TI	ERMINAL DISEA	ASE CONDITION GIV	VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
	UNDERLYING [] J CAUSE OF DEATH EDICAL EXAMINER)	206 DESCRI	BE HOW INJURY OF	CCURRE	D. (Enler nature of injury	in Part 1 ar P	ort 11 of item 18)		
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	v 20d. INJU White of work	IRY OCCURRED Not while of work	20e. PL/ fox	ACE OF INJURY (Home, ctory, street, affice bldg.,	form, 20f. (C stc.)	ity or town)	(Co	ounty) (State)
21. I certify that alive an_Fe				///	, 19.40, Ia	Feb.	13, 159	,that I la	ost saw the decease
A		nes I benedicionale. N	e dia ma	ucum	accouled of TATE		(Street, city or town,		DATE SIGNE
SIGNATURE SOS	na S. B	Me	golin		M.D		ral Ave		W. 2/14/9
PHYSICIAN'S NAME (Type)	James	S. Bi	llingsl	98			rnie.	·	
20- BURIAL, CREMATION, REMOVAL (Specify)		F 2	Loudon	TERY O	R CREMATORY	22d. LOC	ATION (City lawn,	or county)	(State)
3. FUNERAUDIRECTOR'S	,	7	ADDRESS	4 (1)	240. 1	REC'D BY REGI	Itimore STRAR 246 REGI	STRAR'S SIGN	NATURE N. C.
(Cichard V.	Singlite	W, G	len Burr	nio		FEB 1 9 '		fuer .	A
	The second secon			A-1					



VS A15 (4) 75M 9/55

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A

		141	6	CER	TIFIC	ATE OF D	EATH			Reg. D	ist. No		r U . /
	I. PLACE OF DEATH a. COUNTY Any	ne Arundel		MA	ARYLAND	2. USUAL RESIL o. STATE	_	re decessed	lived. If instituti b. COUNTY		ince befo	re admis	ion)
t	b. CITY OR TOWN I	If autside carporate limi	ls, write	c LENGTH OF ST.	AY IN 1b			tside carpoi	rate limits, write F	URAL ond	give ne	arest low	n)
	At napol:					Wilmi	ington			. *			
7		TAL (If not in haspital, s	jive street	address)		d. STREET A						e. IS RES	FARM?
		del General	Host	of tall		6/ His	th land	Cour	t.				NO 📋
	3. NAME OF DECEASED (Type or print)	Fii HOWARD	al .	Mid ROBERT	GRAY	los SR		4. DATE OF DEATH	Moi Febr		Do		Yeor 19 50
ı	5. SEX	6. COLOR OR RACE		RIED NEVER MAI		B. DATE OF BIRTH	1	1	P. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
4	M	W	WIDOW	-31	CED 🔲	Nov. 32	2.1898	1	last birthday)	Months	Days	Hours	Min.
ŀ	IOa. USUAL OCCUPATIO	ON (Give kind of work	dane 10b	KIND OF BUSINESS	S OR INDU			r foreign co		12. C	ITIZEN C	F WHAT	COUNTRY
	Sales	king life, even if retired sman	'	Manf. Co		De	Te				US	1	
3	IS. FATHER'S NAME	231150.24		100111		14 MOTHER'S	AU 1-1	ME			Q lor s	*	
3	IJ:	nk own				Tly	ıknown						
1		R IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17	INFORMANT	TILLIO MIT		Ade	8" Cor	ores	3 A T	78
1	no. or oninown;	(if yes, give war or dates of t	1 -	Inknown	M	r. H.M. (	ray J	γ	Son - Ha				
f		ATH [Enter only one co					-0				INT	ERVAL BE	TWEEN
1	PART 1. DEATH WAS CAUSED BY: Interest of Cleanty interest of Conset and 12 hours like in the course of 12 hours like in the												DEATH
	331X	DUE TO					<u> </u>		V				
1	Conditions, if	iny, which )	3						1				
	gave rise to immediate DUE TO												
	lying couse lost.												
	PART II. OT	HER SIGNIFICANT CON	IDITIONS	CONTR BUTING TO	DEATH BU	NOT RELATED TO	THE TERMIN	IAL DISEASI	E CONDITION GI	VEN IN PA	RT I(e)	PERFC	AUTOPSY DRMED?
		AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	YOCCURRE	D. (Enler nature o	f injury in Po	ert I or Pari	I II of item 18)				
	20c TIME OF INJU	RY Month, Day, Ye		NJURY OCCURRED	20e Pl	ACE OF INJURY (	Home, form,	20f (City	or town)		(County)		(State)
	Hour a.m.	19	While of wor	rk at work		f =	bruge, wis.)		t	_			
	21. I certify t	not I attended the	decea	sed from 12.	TIM	2/19/57	, to 1/2	177	2/11, 195	L,that I	last s	aw the	deceased
1	alive on	2/19,	, 124	ond th	not death	occurred of	11-5	M, fron	n the causes	ond on	the do	te stat	ed above
1	î	11 /	11. /	1			· · · · · · · ·	DDRESS (5)	reet, city or town.	state)		1.0	ATE SIGNED
	ACTUAL SIGNATURE	bail to 1	1216	reliedes		M.D. 12	( a	16.31	606		7.	1:1	/_/
	PHYSICIAN'S NAME (Type)	John Hedem	an l	MD			1 25.		C', 11:	/ . 	men main main majn made ma	/ '	
	220. BURIAL CREMATIC REMOVAL (Specify Burial	Feb. 23.	)F 1959	Grade L	EMETERY C	or CREMATORY .em Par .eme/t/en/x/	k		inurst	or county)		(Sta	le)
	23 FUNTRAL DIRECTO		6	ADDRESS		11111111	24a. REC'D	BY REGIST	RAK 246. REG	STRAR'S S		RE	
4	HOPPING	TUNEZZAL HON	4	Annanolis	Ma_		DATE FE	B 2 4 1	59 (	**	å	A.A.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01440 CERTIFICATE OF DEATH Reg. Dist. No. 27 1456 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE Maryland o COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Severn Ft George G. Meade d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 222 U.S. Army Hospital YES NO P NAME OF DECEASED Middle 4. DATE Month Yeor 25 GRIFFIN February 159 CRATG Renard DEATH (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X 5. SEX 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER LYEAR IF UNDER 24 HRS C Hours 29 November 1958 DIVORCED | Male Negro WIDOWED I 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Maryland Child 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Geraldine M. Snipes John R. Griffin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Hospital Records Address No U.S. Army Hosp, Ft Meade, Maryland attending IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pneumothorax that the DUF TO 3 days Conditions, if ony, which Pneumonia gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (Cily or town) (County) (Stole) Not while factory, street, office bldg., etc.) Hour a.m. at work Ol work Feb 1959 that I last saw the deceased 21. I certify that I attended the deceased from 24 Feb \_\_\_\_, and that death accurred at 4:53P M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE U.S. Army Hospital, Ft Meade, Md 25 Feb 59 3 should U.S. Arm Hospital, Ft Meade, Md FUNERAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Prince George County; Maryland Burial Mar.1.1959 Carver Memorial Park 2 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE MAR 6 VS A15 (4) EIROY O.WILSON FUNERAL HOME 1000 Brantley Ave. '59 arthur & King







death.



01443

458	CERTIFICA	ATE OF DEATH

L		4430						Reg. Dist	. No. 27			
ī	PLACE OF DEATH a. COUNTY			2	USUAL RESIDENCE (Whe	re decease	lived. If instituti	oni Residence	before admissi	on)		
	t ni	ne Arandel	MARYLAN	D	o STATE							
	b CITY OR TOWN (II	f autside carparate limits, write	c. LENGTH OF STAY IN 1	b	c CITY OR TOWN (If ou							
	RURAL and give rie	C. inade, Mid		-    ,	x Severna	a Pant	<					
	d. NAME OF HOSPIT	AL (If not in hospital, give street	address)		, d STREET ADDRESS				w. IS REST	DENCE		
	OR INSTITUTION	r. S. frmy Hos	<u>vital</u>		17 725	rol :	end .		YES [			
3	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mar	ıth	Doy Y	eor		
	(Type or print)	.fau le	C (Ny	in di	n) Hanks	DEATH	Fehr	my ray	6 1	9 59		
5.	SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	] 8. (	DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER			
	Remale	Thite   WIDOW	ED 🖟 DIVORCED 🗀		lugust 4, 187	78	last birthday) 80 yrs.	Months [	Pays Hours	Min		
10	USUAL OCCUPATIO	N (Give kind of work dane 10b.	KIND OF BUSINESS OR IN	DUSTR	11 BIRTHPLACE (State o	r foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY		
	Housewif	ing life, even if retired)			Virginia			Un	ited Sta	ates		
13.	FATHER'S NAME	<u> </u>		1	4. MOTHER'S MAIDEN NA	AME						
	W4774	on F. Norman			( intra or	177	Corker					
15.		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	'. INFO	RMANT	/		iress				
(11	s. na or unknown)	(If yes, give war or doles of service)		٦ - ٦	o,id fir. i	37	'dmiral	71 0	. T7 19 , C ,	· slr		
=	LIG. CALISE OF DEA	TH [Enter only one cause per li		ويلديك	· · · · · · · · · · · · · · · · · · ·	19 11	MILL -4	48-49 1				
		TH WAS CAUSED BY.							ONSET AND			
	,	IMMEDIATE CAUSE (a) C	rebral hemorr	<u> </u>	e				5 reeks			
	33/X	DUE TO										
	Conditions, if ar	1DI	rebral orteri	OSC	lerosis				.nknow			
	cause (a), stating I											
	lying couse lost.	(c)							<u> </u>			
O.	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NO	T RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIV	VEN IN PART	1(a) 19. WAS A			
3									YES 🔲			
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUI	RRED (	Enter nature of injury in Po	ort I ar Pari	t II of item 18 )					
Г.			NJURY OCCURRED 20e.	PLACE	OF INJURY (Hame, farm,	206 (City	er town	10-	ounty)	(State)		
MEDICAL	Hour a.m.	While	Not white	factor	, street, affice bldg , etc )	1	or rowing	(00	roniy ;	(siure)		
×	p. m.	al war			F0 /	1 .	./.		<del></del>			
		at I attended the deceas			, 19 <u>58</u> , to 6	r'eb_	1952	,that Ele	ist saw the i	deceased		
	alive on	Lbruary , /e !	$22_{-}$ , and that dec	ath o	corred at LOGO							
	4	- RHI	. a.t.	O	A	DDRESS (SI	treet, city or town,	state) 6	Feb 59DA	TE SIGNED		
	ACTUAL SIGNATURE	one Di Har	Ku X III	M.D	U.S. Army H	osojt	al Ft C	eorce :	G. nad	eHd		
	***************************************	0	0 / 0 /									
	PHYSICIAN'S CIT	'तहत् <u>स</u> ह. म^ढ़^ष,	CAPT., MC		U. S. Army H.	osmit	al, Ft C	corre	Gtocd	e,d		
22	BURIAL, CREMAT.O	N. 226 DATE THEREOF	22c. NAME OF CEMETERS	ORC			TION (City town,		(State			
	REMOVAL (Specify) Removal	2/7/59	Greenwood	Cem.		Ft. I	North, Te	axas				
23	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	· E	24g, REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE			
1	Mru. J	. Sighwer	Your- lea	lu	17 1 DEED S	'59		n 8. Ha	ALL.			

e funeral director, Yould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Be exemuted within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL CLOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shapers detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs ofter death.

-13

VS A15 (4) 15M 9/5S



VS A15 (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

		419	CERT	IFICA	TE OF I	DEATH			Reg. D		115	+ * *	
1. PLACE OF DEATH o. COUNTY Anne	Arundel		MAR	YLAND	o. STATE	vland	ere decease	d lived. If institut b. COUNTY		1 =	e admis	sion)	
b. CITY OR TOW RURAL and give	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)												
Annapol					X Ani	napoli	S						
d. NAME OF HO OR INSTITUTION	d STREET ADDRESS					-	e. IS RESIDENCE ON A FARM?						
Anne Arundel General Hospital					Rt 1 Box 15						YES NO 🖸		
3. NAME OF DECEASED (Type or print)	A MES	rst	<b>₹</b> Widdl	HARD	EsTY		4. DATE OF DEATH	Mo FEBRUAR		Day		Yeor 19 59	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARK	RIED 🔲	B. DATE OF BIRT	TH .		P. AGE (In years lost birthday)	IF UNDE			7	
Female	White	WIDOWE			Aug. 19			58 yrs.	Months	Doys	Hours	Min.	
Curing most of	working life, even it retired	done 10b	& KIND OF BUSINESS OR INDUST		TRY 11. BIRTHPLACE (State or foreign cou			ountry)	TIZEN O	EN OF WHAT COUNTRY			
Hous	e wife		own home	Maryland			USA						
13. FATHER'S NAME	S MAIDEN N	AME											
	on Steiner				A	nnie H	arold						
15 WAS DECEASED (Yes. no. or unknown)	EVER IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	NFORMANT			Add	lress.				
no	no	n	one	Mrs	Joseph	Mayr-	Daugh	ter- sam	e as	# 2			
	DEATH [Enter only one co		e for (a), (b), and (c	]-]						INTE	RVAL BE	TWEEN	
PART I,	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	W	unic.	4	ani	cue:	-				3 60	polir.	
	DUE TO	12	im	-a	1-50	refe	NU	hon /h	2 m	1	to	1.	
gave rise to couse (a), state lying couse to	ing the under-	D	chel	er	to a second district					1	ot.	en.	
PART II.	OTHER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GI	VEN IN PAR	RT 1(a) 19	WAS	AUTOPSY RMED?	
3 6	yrki Cer		surga	· 10-	-66- 6	atr	cent	Much	run	,		NO 🗍	
	WAS UNDERLYING   ING   CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY	OCCURRED	(Enter noture of	of injury in Po	ort I or Por	t II of item 18)	/				
20c TIME OF IN Hour a. p.	m.	or 20d It While of work	Not while of work	20e. PLA foct	CE OF INJURY (	(Home, form, e bldg., etc.)	20f (City	or town)	ţ	County)		(Stote)	
21. I certify	that I attended the	decease	d from		, 195 6	7 to - 7	7 - 5	195	that I	last sa	w the	deceases	
alive on	2-8-	12:3	and tha			A . 14	M. from						
ACTUAL SIGNATURE	franki	rfe	In-/ly	N	10 2-21			treet, city or town,				ATE SIGNED	
PHYSICIAN'S NAME (Type)	Frank Shipl	ey	MD			Annapo	lis.	Maryland					
270. BURIAL, CREMA BUT La L	TON. 226. DATE THEREO	1959	All Hallo		CREMATORY		22d LOCA	TION (City, town,		ر سود	(Stol	(*)	
	OR'S SIGNATURES	- 1	ADDRESS	DWG OF	chie cer y	24o, REC'D		idsonvil					
HOPPING	FUNGRA HOM	7/A	mapolis.	Ma recr	land	DATE						-	



1459 CERTIFICATE OF DEATH

Reg. Dist. No.

01445

	_			
DECEASED    Type of print		before admission)		
	ŀ	Borkel and etter nearest town)	1 Long	e nearest fown)
3	(			e. IS RESIDENCE ON A FARM? YES NO
	i	(Type or print) Maypia	Pare DEATH 2-	Doy Year 5 19 5 9
	5.5	temale White / WIDOWED   DIVORCED   C	Reg. 30-1893 Cost pirthday) Months De	Per
	100	Acros working life, even if retired) Home	Sparrows Pt. Mo. 1	EN OF WHAT COUNTRY?
	13	Frank Rich	Sophie Tunther	
	15, <sub>{Ун</sub>	(Yes, no. or unknown)   (If yes, give war or dates of service)	1 4 Noun (0)	
			a (andi v vanular	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which ) OUE TO Conditions, if any, which )	re à hyperterna	1590.
		gove rise to immediate cose (a), stating the under-		
3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY PERFORMED? YES NO S
			nter nature of injury in Part I or Part II of item 18 }	
	MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while of work at work		inty) (State)
			curred ot 1-12 P.M. from the couses ond on the	
		ACTUAL SIGNATURE SIGNATURE M.D.	ADDRESS (Street, city or town, state)	DATE SIGNED
1		PHYSICIAN'S SIBORSSULCK	annapules In	J
	220	170. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CRI REMOVAL (Specify) 2-8-59 FLENTAVEN 17	EMATORY 22d LOCATION (City, 10mm, or county).  Memorical Hen Durme	(State)
	23.	JUNERAL DIBESTOR'S SEGNATURE Suro and ADDRESS polis	ML 240. RECD BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, uld be filed with may be retained by the haspital ar attending physician.

• FUNERAL DISCORT After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld at detached far use as the burial-transit permit. Then pleam remaye marbon pagers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death TO FUNERAL Di VS A1S (4) 15M 9/SS



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b** COUNTY ir nda ] MARYLAND <u>anne arunda</u> b. CITY OR TOWN I'll pulside corporale limits, we a RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Soverna Park fo time < Same d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) /d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO-A leigh leights Tid. 55 H 3. NAME OF First 4. DATE Middle Lost Month Year DECEASED DEATH February (Type or print) TEALER 19 60 " anson 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T B DATE OF BIRTH 9 AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HPS Tast burthday) Months Days Hayrs WIDOWED | DIVORCED | 24 hours after death Sive Palles 1, 2, an form PM3. Page 5 File pages 1 and 3 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Teights, M. poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tr 27 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) Grace ersen ( other 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BETWEE UNSET AND DEATH PART I, DEATH WAS CAUSED BY: Jharred alove respentition Juliun IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ) gave tise to immediate cause **DUE TO** (a), stoting the underlying cours tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS PERFORMED? () NO TH 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18 ) PRIMARY THE CONTRIBUTING TO CAUSE OF DEATH. it on fire econd LOSES CEL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg, etc.) Not while -While of work of work Surrey Perris 21. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection [7], Inquiry [7], and in my orded a opinion death resulted from. Natural causes . Accident X, Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

First Baptist Cem.

ASSISTANT MEDICAL EXAMINER

240. REC'D BY REGISTRAR

22d LOCATION (City, lown, or county)

Earleigh Hghts., Md.

246. REGISTRAR'S SIGNATURE

DEPUTY MEDICAL EXAMINER FT

A shauld to be weeken to be well as t

de

**EXAMINER'S** 

NAME (Type)

Burial

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF

Custave H.



CERTIFICATE OF DEATH

Reg. Dist. No.

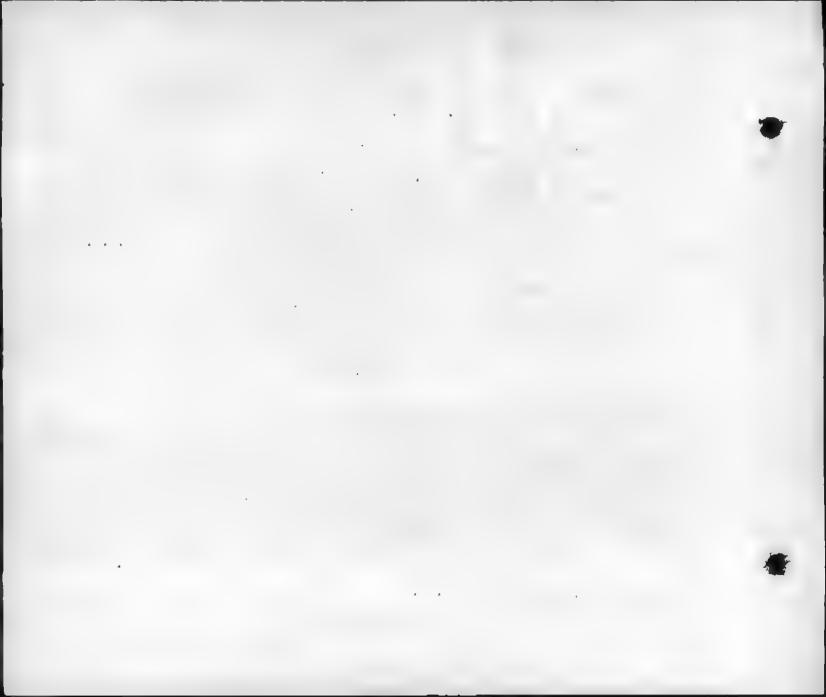
1. PLACE OF DEA b. COUNTY Anne Art			A	ARYLAND	2. USUAL RES		ere decease	d lived If institu b. COUNT Balt	nor Reside	cut t		on)
b CITY OR TO	WN (If outside corporate)	imıts, write	c LENGTH OF S	TAY IN 1b	c. CITY OF	TOWN (If ou	itside corpo	orate limits, write				
Crownsv	ille		13yr.6m	lda.	Balti	more_			¥			
d. NAME OF H	OSPITAL (If not in hospital)	I, give streel	address)		d STREET	ADDRESS					ON A	DENCE FARM?
Crownsy	Ille State H	ospita	7		7			VIII. 1 7			YES 🗌	NO 🛣
3 NAME OF DECEASED		First		iddle	-	ost	4. DATE OF		inth	Day	, Y	eor
(Type ar print)		Cnarle	8	E.	H	ill	DEATH	2		10	1	<sub>9</sub> 59
5 SEX	6. COLOR OR RAI	CE 7. MARE	RIED NEVER M	ARRIED 📑	B. DATE OF BIR	TH		9 AGE (In year	Months Months	R 1 YEAR	Hours	R 24 HRS
Male	Negro	WIDOWI		ORCED 🗌	1907			52+ yo	i.	Days	110017	PRISE
100. USUAL OCCU during most o Unknow.	PATION (Give kind of wo f working life, even if reti A	rk done 10b. red)	KIND OF BUSINE	SS OR INDU		PLACE (Stole of		country)	12 C	U.S.		COUNTRY?
13 FATHER S NAA UNKNO						'S MAIDEN NI	AME				•	
15. WAS DECEASE [Yes no or untrawn) NO	DEVER IN U. S ARMED I	of secure)	social security		NFORMANT lospital	neeor	ds	Ad	dress			
PART:	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), sloting the under: Lying couse lost.  Conditions are to immediate couse (a), sloting the under: Lying couse lost.  Conditions are to immediate couse (a), sloting the under: Lying couse lost.											
Ž	OTHER SIGNIFICANT C								IVEN IN PA	RT 1(a) 15	PERFOR	RMED?
Hour o	INJURY Month, Doy, p. m.	Year 20d, II While at wor	NJURY OCCURRED Nat white at work	20e PL for	ACE OF INJURY ctory, street, offi	(Home, form, ce bldg., etc.)	20f. (City	y or lown)		(County)		(Slate)
21. I certil	y that I attended t	he deceas	ed fram 8/	/9	, 194	) to 2/	10		9 that I	last sa	w the	deceased
alive on ACTUAL SIGNATURE	2/19/ Varus (11)	H Cu	59 find t	that death		A	DDRESS (S	m the couses treet, city or town ate Hosp:	, state)		e state DA 2	d above. TE SIGNED 2/10/59
PHYSICIAN'S NAME (Type)	Lionel Mc		Mapp, M.	D.	Cro	msvill	e Sta	ate Hosp	ital,	vid.	2	2/10/59
220 BURIAL CREA REMOVAL (SE	ial Fish 1	1-59	That.	16 1	R CREMATORY	m.	22d LOCA	TION (City, lown, ann as	or county)	el C	(State	md
23 FUNERAL DIRE	G. Locks	h.	1304 71	Centra	lave.	240. REC'D	8Y REGIS		ISTRAR'S SI		E	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIFFEROR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should retached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs affected in

VS A15 (4) 15M 10/57

funeral director, id be filed with



VS ATS (4) 15M 9/55

<del></del>	
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18

**CERTIFICATE OF DEATH** 

	1462	CERTIFICA	IL OF DEATH	Reg. D	ist. No.
	1. PLACE OF DEATH O. COUNTY INNE Arundel	MARYLAND	2. USUAL RESIDENCE (Where do. STATE	eceased lived. If institution: Reside b. COUNTY	ale Dev. Co.
	b. CITY OR ICHN (If outside corporate limits, write c. LEN RURAL ord give nearest town)	IGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	Corporate limits, write RURAL and	give neares/ town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION HACK TUEST HOL		d. STREET ADDRESS	*	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	Middle		DEATH FEBRUARY	0oy Year 1959
	Female White WIDOWED	DIVORCED	Mate OF BIRTH	lost birthdoy) Months	R I YEAR IF UNDER 24 HRS.  Days Hours Min.
1	10a USUAL OCCUPATION (Give kind of work done 10b. KIND O during most of working life, even if retired)  HOUSE WHE	of Business or Indust	RY 11. BIRTHPLACE (Stole or for	reign country) 12. C	S.A.
)	13. FATHER'S NAME	sley.	14. MOTHER'S MAIDEN NAME  MONMO	Footitt	
	15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) (If yes, give wor or dates of service)		siph Crosle	y Karey Le	ost Md
	18. CAUSE OF DEATH [Enter only one couse per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1), (b), and (c). 1/	an occl	leseon.	INTERVAL BETWEEN
	Conditions, if any, which ) (b)	nesclest	in Caroliova	seile	
	gove rise to immediate code (a), stating the under-lying couse last.	Vercene			gear
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	SUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	RT 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	. (Enter nature of injury in Port I	or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY C Hour o. m. 19 of work ☐ of work ☐ of	OCCURRED 20e. PLA foct work	CE OF INJURY (Home, form, 20 ory, street, office bldg., etc.)	F. (City or town)	(County) (State)
	21. I certify that I attended the deceased fra		, 1925 , ta	2/C, 19, j, that I	last saw the deceased
	ACTUAL SIGNATURE DE Corol No se	2		ESS (Street, city or town, state)  THEOREM ST	DATE SIGNED
1	PHYSICIANUS	I.ER	ANNAPO	1615,40	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N PROMOVAL (Specify) 2-7-59	AME OF CEMETERY OR	GEMATORY 22 27	LOCATION (City, town, or county)	(State)
		oneys maps	246. REC'D 8V DATE FEB 6		GNATURE Kraus



VS A15 (4) 15M 10/57

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Clor,	ALL PARTY	)	X	1
directo	filed	4	۷	7

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1463

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

		PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE b COUNTY.  MRTYLAND BELTIMOTE				
		c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Crownsville	c. LENGTH OF STAY IN 16	c city or town (if a saltimore	e nearest town)			
)		d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Crownsviile State Hospit		d. STREET ADDRESS 820 George	Street	, , , , , , , , , , , , , , , , , , , ,	e IS RES DENCE ON A FARM? YES TO NO P	
		NAME OF First DECEASED (Type or print) Nathaniel	Middle	losi Jones	4. DATE OF DEATH	Month &	Doy Year 19 59	
	5. 9	EX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8 DATE OF BIRTH	9 AGE		EAR IF UNDER 24 HRS	
		Male Negro wipowi		1885	73	rthday) Months Do	rys Hours Min	
	10a	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) UNKNOWN	KIND OF BUSINESS OR INDUS	Unknow			S.A.	
,	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME	, , , , , , , , , , , , , , , , , , ,		
		Unknown		Unknown				
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unlinown) 1KNOWN	SOCIAL SECURITY NO. 17. II	Mospital Reco	ords	Address		
		023 X DUE TO	er for (c). (b). ond (c) ] erminal Bronch yphilitic Card		Lsease		INTERVAL RETWEEN ONSET AND DEATH	
м	CERTIFICATION	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES IN NO						
		20a ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	Enter nature of injury in	Part I ar Part II of item	18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN While p. m. 19	Not while fac	CE OF INJURY (Home, form tory, street, affice bldg, etc.	(City or town)	(Cou	nty) (State)	
1	21 I certify that Natiended the deceased from. 1/27, 1959, to 2/14, 1959, that I last saw the decay alive an 2/14 1959, and that death accurred at 10:45A, from the causes and on the date stated of ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE Crownsville State Hospital, Md. 2/16							
2		PHYSICIAN'S Lionel McHenry A	lapp, N. J	Crownsvil:	le State Ho	spital,Md.	2/16/59	
	Z	BURIAL, CREMATION, 22b. DATE THEREOF	Hosp. Ground		22d LOCATION (City Crownsvi	lle, Md.	(Stote)	
	23.	LICA WATER	ADDRESS		BY REGISTRAR 24	b. REGISTRAR'S SIGNI		
		Noutron	with			1 1 1 1 1		

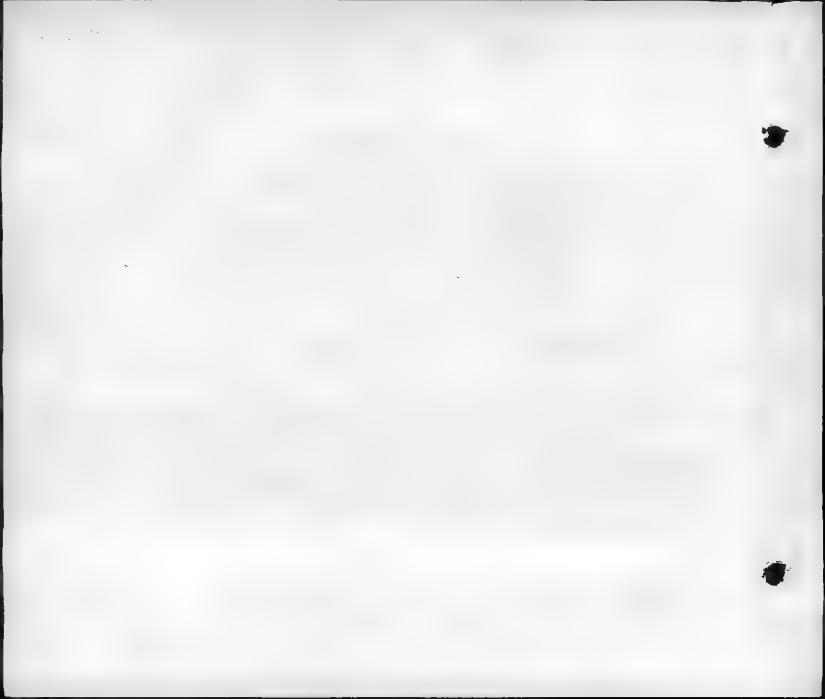


15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01450Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PASADENA - MD e. IS RESIDENCE ON A FARM? YES 🖺 NO 🔲 Month Day Yeor 195 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) 12. CITIZEN OF WHAT COUNTRY? HETCHEN Address INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) (County) (State) -1. 19 57 that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED 22d LOCATION (City, town, or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAU Reg. Dist. No ALTH DEPT. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNT **b** COUNTY Health, MARYLAND b. CITY OR TOWN (If suffide C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n ve negrest lown? IS RESIDENCE M. STREET ADDRESS OR INSTITUTION (If not in hospital, give street address) NAME OF Middle 4 DATE Lost Month Doy DECEASED OF (Type or print) DEATH 5. SEX & COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 1 8. DATE OF B BTH IF UNDER TYEAR IF UNDER 24 HE Fast birthday Months Days Hours Min WIDOWED DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) buriaf-transit Office **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** ö (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF BEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part It of item 18) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201/ACity or lown) 20c. TIME OF INJURY Month, Doy, Year (Stote) (County) factory street, office bldg , etc.) at work of work 21. I certify that I taok charge of the remains described above, held on Autopsy [7]. Inspection XI. and in my Inquiry . Suicide . apinian death resulted from. Natural couses 1. Accident Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220 BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 2/S7



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MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE,	18
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465	CERTIFICATE	OF	DEATH
400	CERTIFICATE	Or	DEALL

7,309	GERTINIO.	AIL OI DEAIII	Reg. 1	Dist. No.
PLACE OF DEATH p. COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution Resid	ence before admission) /
Anne Arundel	MARYLAND	120,	b. COUNTY	ne bermidel
b. CITY OR YOWN (If outside corporate limits) write RURAL and give nearest town) Deale	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside	de corporate limits, write RURAL an	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	Ind.	e. IS RESIDENCE ON A FARM?
3. NAME OF First DECEASED (Type or print) GOTGO	Middle		OATE Month OF DEATH	Day Yeor
5. SEX 6 COLOR OR RACE 7. MARK		8. DATE OF BIRTH	(CO) lost birthdoy) Months	R TYEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, green if refired)	KIND OF BUSINESS OR INDU	- 11. 10 1/1/1/	0-34 / / yes	ITIZEN OF WHAT COUNTR
13. FATHER'S NAME	w. comace	14. MOTHER'S MAIDEN NAM	0. 2. 0.	X.S.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116.	SOCIAL SECURITY NO 17.	NFORMADE & VILITIE	maley	011
thes no or unknown? (If yes, give war or dates of service)	13-28-37421	m It Thing (	Portu 7208-L	The Plice Vato
18 CAUSE OF DEATH [Enter only one couse per lu	(o), (b), and (c).]	111-	1-	INTERVAL BETWEEN
IMMEDIATE CAUSE (o)	enerollyad	Winese	lerona	8 475
Conditions, if ony, which )				
gove rise to immediate				
lying couse lost.				
PART IT OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS ALTOPSY
PART I! OTHER SIGNIFICANT CONDITIONS O				PERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	or Port II of ilem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour e. m. 19 of worl	Not while to	ACE OF INJURY (Home, form, 2 clary, street, office bldg., etc.)	Of. (City or lown)	(County) (Stote)
21. I certify that I attended the decease	ed fram	1958, to 11 F	1959 that	last saw the decease
alive on 1 Feb., 195	and that death	occurred at LEIBE N	, fram the causes and an	
ACTUAL SIGNATURE	ves	M.D. ) Marin	RESS (Street, city or town, stote)	nd 11-2-5
PHYSICIAN'S R. B. Sasscer	. M. D.	Upper 1	Marlboro, Mary	oland
20 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		LOCATION (City, town, or county	(Stote)
Burial 2/14/59	Wicomico Ch	urch Cem.	Reme	Va.
Ritchie Bros. Upper M	ADDRESS	240 REC'D BY	REGISTRAR 24b. REGISTRAR'S S	IGNATURE
fredita pros. obber, m	arrooto, mas	D/ITEB 1 7	'59	4



246 REGISTRAR'S SIGNATURE

24n REC'D BY REGISTRAR DATE EB 2 6 '59

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o COUNTY

NAME OF

S. SEX

Male

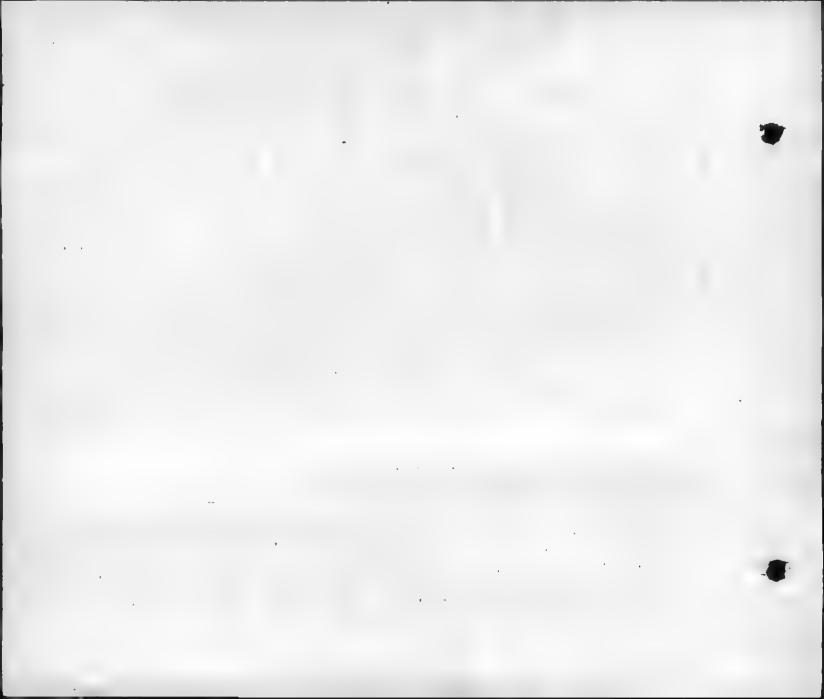
(Type or print)

Unknown

ACTUAL SIGNATURE

DIRECTOR'S SIGNATURE

ADDRESS



Annapolis, Maryland

₩S. A15ME \$M 2/57

MEDIC





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

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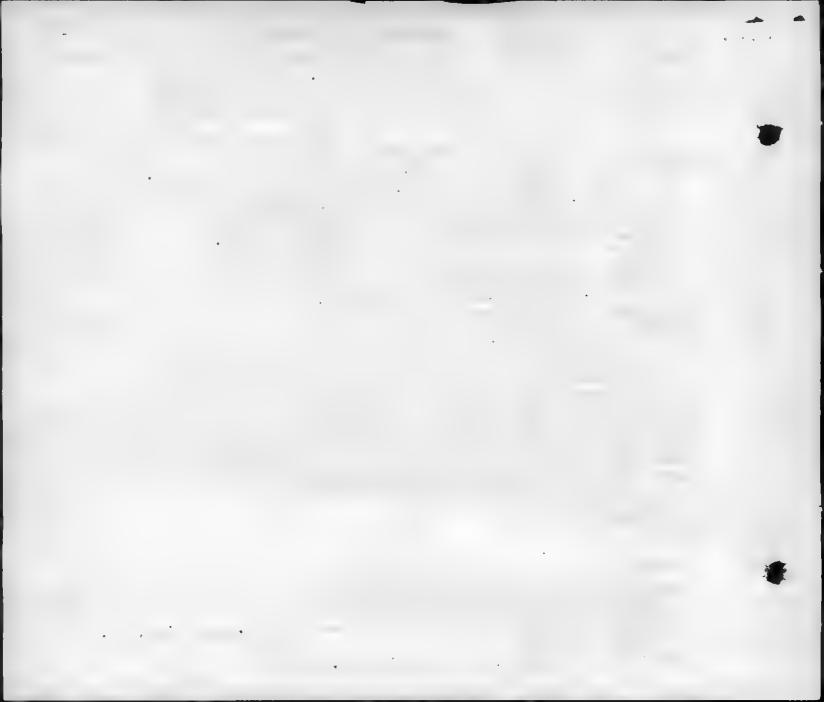
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10

VS A15 (4)

death



VS A15 (4) 15M 9/55 0

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MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
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**CERTIFICATE OF DEATH** 

L	1469	CERTIFICAT	L OI DLAII	•	Reg. Dis	st. No.
1.	C. COUNTY GUNE GRUNDE!	MARYLAND 2	USUAL RESIDENCE (WHO		H institution: Resident COUNTY	ce before admission) The UNUCL
	b. CITY OR TOWN (If outside corporate limits, write c. LENK RURAL and give nearest town)	oth of stay in 16	e. CITY OR TOWN III of	uthde carporote tim	its, write RURAL and a	giye nearest tawn)
	d NAME OF HOSPITAL/II not in hospital, give street address) OR INSTITUTION /// 2 May 1	long / tuck	BOL 3	26-121	1-	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Arthur	Macey	tosi	4. DATE OF DEATH	2 <sup>Month</sup>	16 1959
5.	SEX 7 6. COLOR OF RACE 7. MARRIED WIDOWED	DIVORCED   8. C	242-19	10 9. AGE		Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	or fareign country)	12. CIT	IZEN OF WHAT COUNTR
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN N	AME		
15.	WAS DECEASEDEVER IN U. \$. ARMED FORCES? 16. SOCIAL (If yes, gave war or dates of service)	SECURITY NO. 17, INFO	POVUICE	Mu	Address P 4	
	18. CAUSE OF DEATH {Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	). (b). and (c) ] 'D CEVULUM	oid He	ellerg	ed	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	ve hva 1	Vusculer	au	eleul	
	gove rise to immediate couse (a), stating the under- lying couse lost.  DUE TO	pertus	ery Sele	when	P. Vaul	Kledy
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NO	T RELATED 10 THE TERMI	NAL DISEASE COND	DITION GIVEN IN PART	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING   206 DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED (I	Enter noture of injury in P	ort I or Port II af it	em 18 )	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY C Hour a.m.  p. m. 19 While No of work of work of the of work of the order of the orde		OF INJURY (Home, farm, r, street, office bldg., etc.		n) (C	County) (Stole
	21. I certify that I attended the deceased from	2-6	1927, to	2-16	, 19. 5 7, that I	last saw the decease
	alive on 2 7	, and that death or				he date stated abov
	ACTUAL TELLES SUBSTANTIANE	seele ( M.D	D.	ADDRESS (Street) cit	y or lown, state	DATE SIGN
	PHYSICIAN'S FEHILS G	Ruelse	<u> </u>	Ode	uton	·14d-
22	BENOVAL (Specify) 20. DAJE THEREOF 224 N	NAME OF CEMETERY OR E	REMATORY	22d. LOCATION IC	City, lower or county)	(State)
23	FUNERAL DIRECTOR'S SIGNATURE AL	DORESS 100	240. REC'E	BY REGISTRAR	24b REGISTRAR'S SIG	
L	LI MADE OF THE WAR	124-110	DAIL		· Thung S.	ingue



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unerol director, id be filed with

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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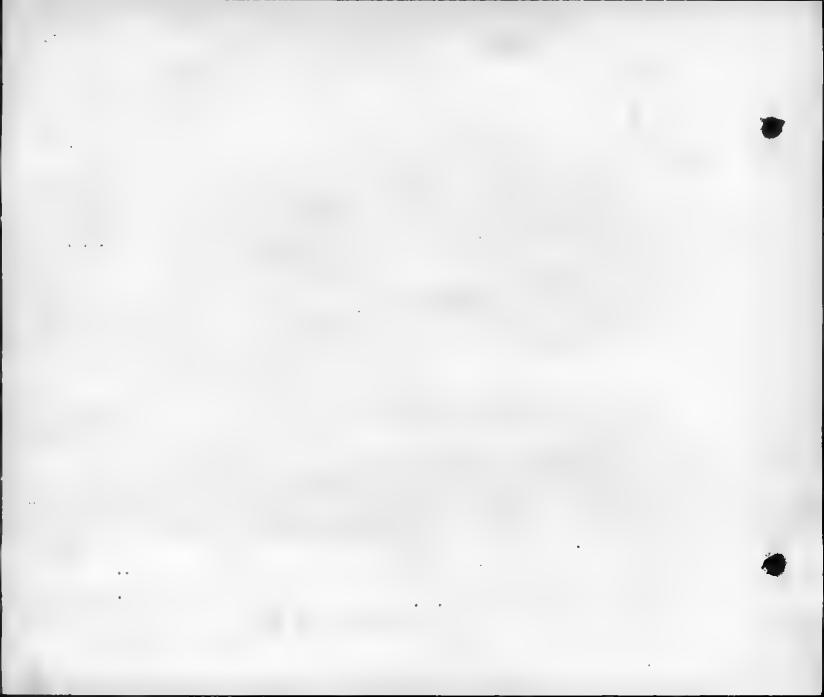
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Reg. Dist. No.

	1211					riogi bist	. 170.	
1. PLACE OF DEATH Anne Arundel		, MARYLAND	2. USUAL RESIDENCE (W o. STATE Delaware	here deceased live	<b>b_COUNTY</b>	ester	before admi	ssion)
b. CITY OR TOWN (If pulside carporote RURAL and give represt town) CTOWNSULLE	1	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF Seaford	outside corporate			re nearest lov	vn)
d NAME OF HOSPITAL (If not in hospit OR NSTITUTION Crownsville State	*	155)	d. STREET ADDRESS				e IS RE ON YES [	FARM? NO
3 NAME OF DECEASED (Type or print)	Elmer	Middle Roland	Matthews	4. DATE OF DEATH	Mon 2	th	Day 2	Yeor 19 59
5 SEX 6. COLOR OR RA Male Negro	WIDOWED	NEVER MARRIED DIVORCED	B DATE OF BIRTH July 16, 18	393 8	GE (In years us birthday)		YEAR IF UND Pays Hours	
10a USUAL OCCUPATION (Give kind of warding most of working life, eyen if re	ork dane 10b KIND	OF BUSINESS OR IND		ar fareign countr			Md S.A	
13. FATHER'S NAME Wolffield Willia	m Thompso	n	14 MOTHER'S MAIDEN	Clara Ja	ckson			
15. WAS DECEASEDEVER IN U. S. ARMED [Yes no or unknown] [If yes, give wer or date	FORCES? 16 SOCI	AL SECURITY NO. 17 0-36-5139	Hospital neco	ras	Add	ess		
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause tast.  Part II. OTHER SIGNIFICANT (	(b) Cerel (b) Cerel (c) Lith CONDITIONS CONT	oral Hemorr iosclerotic Hypertensic REUTING TO DEATH BE	Cardiovascut	IINAL DISEASE CO	NDITION GIV		PERF	
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMIN)  20c. TIME OF INJURY Menth, Day,			RED (Enter nature of injury in			15-		
20c. TIME OF INJURY Month, Day, Haur a.m.	White	Nat while at work	octary, street, affice bldg , et				uniy)	(State)
21. I certify that attended alive an 2/2/ ACTUAL SIGNATURE COLUMN PHYSICIAN'S NAME (Type) Lional Ma	the deceased f	Arand that dea	M.D. Crownsyil  Crownsyil	P.M. from th ADDRESS (Street, Le State le State	Hospi Hospi	ind on the state) tal, Ma	date state	
220. BURIAL, CREMATION, 226. DATE THI REMOVAL (Specify) 2-7-		NAME OF CEMETERY	eour.	27d JOCATION	were !	nor-	(Sto	nie)
23 FUNERAL DIRECTOR'S SIGNATURE	Son 7	address Thang	111	'D BY REGISTRAR FEB 6 159	1	exthur S.		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Poge 4 may be retained by the hospital or othending physicion.

TO FUNERAL DIR TOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 shauld to etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior ta burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR VS A15 (4) 15M 10/57



VS A15 (4) 15M 9/5S

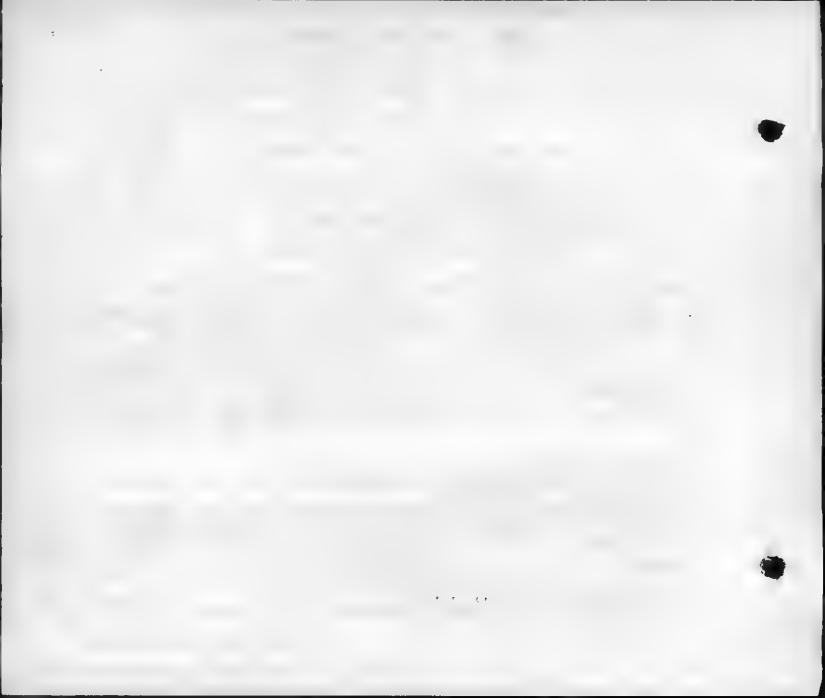
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01460

1423 CERTIFICATE OF DEATH

Rea.	FN1-A	B.I
Reg.	DIST.	INO.

Н	~ 440	Key. Dist. 140.		
,	o. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Rendence before admission) b. COUNTY		
1	b. CITY-OR TOWN (If outside corporate limits, write RIRAL and give nearest lown)	c. CIDY OR TOWN+(If outside carporate limits, write RURAL and give nearest town)		
ŀ	amapolis	annapous		
١	d. NAME OF HOSPITAL of not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARMS		
ŀ	Cl Cl Feneral	23 Millison Ville YES NO		
	NAME OF DECEASED (Type or print) William I	Orvens 1. DATE Month Day Year 2- 10 1939		
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 9. AGE (In years lost birthdoy)  9. AGE (In years lost birthdoy)  Manths Days Haurs Min.		
ŀ	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU			
1	Adving most of working the even if retired)	1. Breechel Md Of CA		
ŀ	13. FATHER'S MAIDEN MARIE [14. MOTHER'S MAIDEN MAME]			
1	1 Comme Barrier Maintenance Barrier			
ŀ	X Corneel Livers	The volume		
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. no. or unknown) 1 fif yes, give wor or dotes of service)	Address Address		
L	I V	Moy 6. Thomas		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	ONSET AND DEATH		
П	DUE TO			
1	Conditions if one which ?	a of bloothow 10 mil		
1	gave rise to immediate	A) The Control of the		
1	cosse (a), stoting the under. but TO lying couse lost.	<b>'</b>		
1	, (9	NOT DELATED TO THE TERMINAL DISEASE COMPLYION CHICAGO IN TRACE IN TORSE		
PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 W				
	5	YES NO [		
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)		
1	⇒ 1 · · · · · · · · · · · · · · · · · ·	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)		
1	Haur o.m. While Not while p. m. 19 at work at work	inory, sneet, office blogs, etc.)		
	21. I certify that I attended the deceased from 1/ 7/	2. 19 ta 2/10/09, 19 that I last saw the deceased		
1	alive an 10/59, 19, and that death	accurred at 2 10 M, from the causes and on the date stated above,		
-1		ADDRESS (Street, city or town, state) DATE SIGNED		
4	SIGNATURE SIGNATURE	MD. 48 Calledad, St 2/1/69		
1				
Į	NAME (Type) Edwin Davis Jr., M.D.	Canada de Cara		
	220 EUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d tOCATION (City, town, or county) (State)		
To the state of th				
	win M. Leuter Sous Comspoles Md			
F	DATE P 1 3 '50 0 11 0 11			



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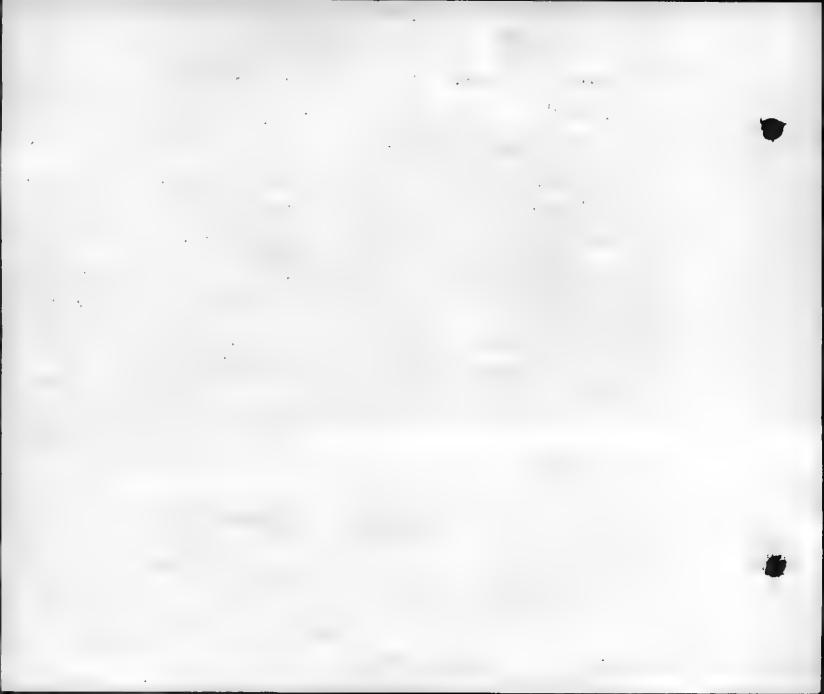
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VS A15 (4) 15M 9/55





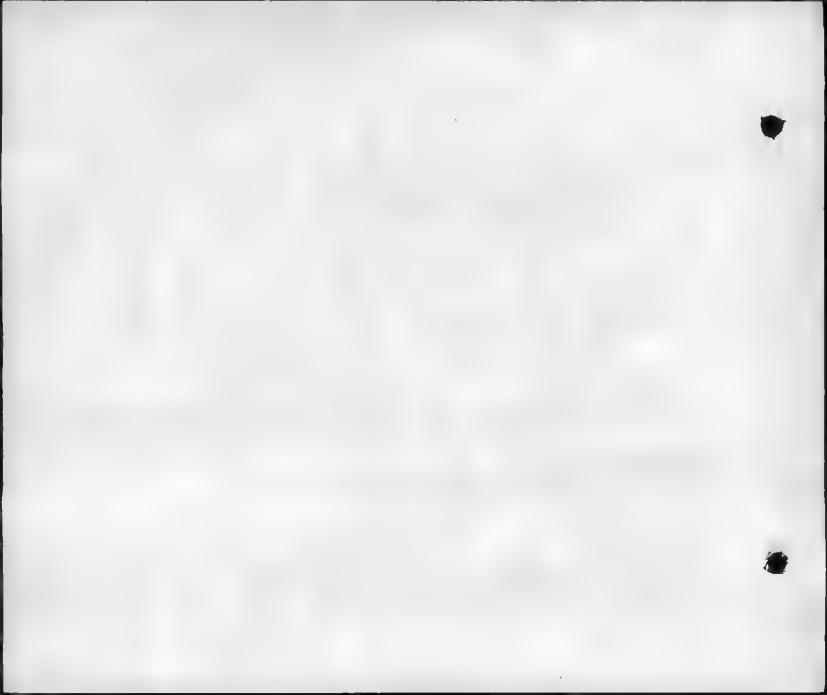
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EXAMINER:

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01465

Citing & Knows

DATE FEB 1 B

1427 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest towiff butc immoralis d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION " d STREET ADDRESS e. IS RESIDENCE ON A FARM? energy YES 🐼 NO 🔲 NAME OF First Middle Lost 4. DATE Month Day Yeor DECEASED OF DEATH NJAMI (Type or print) 195 5. SEX 6. COLOR OR RACE 9. AGE (in years lost birthday) MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED WIDOWED IX 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? UKEMI Chulh 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ann Sheemaker LEMUE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT MORRIS Churchton MD IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c INTERVAL BETWEEN ONSEL AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 1 Ma Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES TO TO 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 ) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stole) Hour foctory, street, office bldg., etc.) 0. m While Not while of work - - - - - - - - - - -21. I certify that I attended the deceased from Sthat I last saw the deceased 9 10 A.M. from the causes and an the date stated above. alive on and that death accurred at ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OF CREMATORY LOCATION (City, layer, or county) 220 BURIAL CREMATION. (Stote) REMOVAL (Specify) woodfields LIN 105 VIAE BOVID ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR

9 VS A15 (4) 15M 9/55

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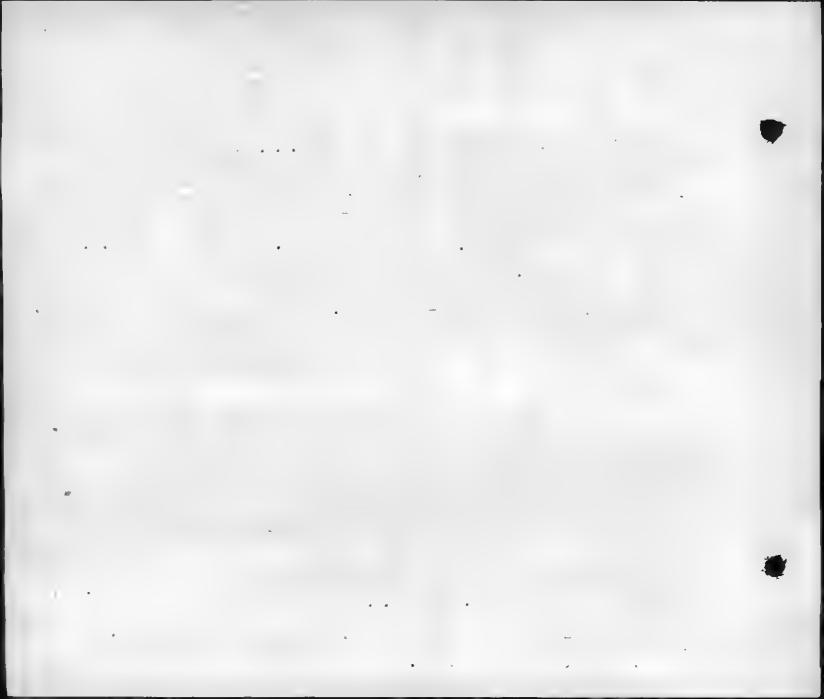
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the registrar



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STATE				70	FEVAIMILE	J CERTIFICA	11. 01. 0	Re	g. Dist. Na.	
H DEPT.	1.	PLACE OF DEATH	42	6 1)		2. USUAL RESIDENCE	Where deceased li		Residence before	admission)
12.9	'\_	6. COUNT	Anne Arunde	el	MARYLAND	o STATE Mar	yland	b COUNTY	Allegar	у
X	1	b. CITY OR TOWN and give negrest for	(Flaulside corporate limits, writen)	e RUPAL	c LENGTH OF STAY IN 16	CITY OF TOWN	If outside corporal	e limits, write RUR	L and give nears	st lown)
743							perland	٠.	0/>	
150					oital, give street address)	d STREET ADDRESS				ON A FARM?
	-		ins Point, (	heaap		R.F.	D. 2, Bo	x 341	YI	ES NO
		NAME OF DECEASED	Fi	11	Middle	Lost	4. DATE OF	Month	Doy	Yeor
	-	(Type or print)	JOHN	Т.	STONER	REXRODE	DEATH	Februa		19.59
	5.	S <b>E</b> X	6. COLOR OR RACE		D NEVER MARR ED		le le	of burthday) 64 av	NDER TYEAR IF	UNDER 24 HR*
		10	white	WIDOWED		10-15-1928		30 yrs 1		
	104	during most of work	ing life, even if retired)		IND OF BUSINESS OR INDUS			γ)   13	CITIZEN OF W	HAT COUNTRY?
		Crane h	nooker	Be	th. Steel	Penna			U.S.	
	13	FATHER'S NAME	Labon (	. Re:	rrode	14. MOTHER'S MAIDEN Fanni	_			
	100	WAS DECEASED S			SOCIAL SECURITY NO. 117.					
	[14	n, no, er unknown)	TAT TA TO TO THE	service)			- 147 D	Address		~ 11J
	-	yes	Wene II		16-22-5030	Wis Doils	w.kexi	rode, Syk	* * *	-
	r N		ATH [Enter only one co. ATH WAS CAUSED BY:		· ·				INTERVAL ONSET AN	D DEVIN
\ 4	1	1200 6	IMMEDIATE CAUSE (a	)	Drowning (boo					
	-	727	DUE TO			- 1	river bar	nk)		
1	$\checkmark$	Conditions, if								
		(a), stating the	h Distr TO							
	,	couse last.	) (c		NTR BUTING TO DEATH BUT	NOT BULLIO TO THE TERM	AND STREET	ALO TION CIVEN I	1010711110	MC HITORCY
	CERTIFICATION	PARE II, O	IHER SIGNIFICANT CON	IDITIONS CO	INTERNATION TO DEATH BOT	NOT KEENTED TO THE TEXT	WINAT DISEASE CO	NO TION GIVEN I	` ' PI	ERFORMED?
	5	200 EXTERNAL CA	LISE WAS 12	N. DECCRIRE	HOW INJURY OCCURRED	Enter notice of column on Pr	est I am Bank II of it	A 18 1	152	NO []
	EXT	PRIMARY D or CO	INTRIBUTING ()		covered by a	and on rive	g bank	on 2/23/	9	
		20c. TIME OF INJU	JRY Month Day, Ye	Disapi or 120d (	neared from P	TOME IZ/IL/	/0		(County)	(State)
-	MEDICAL	Hour a.m		While	Not while of Four	fory, street, office bldg., el	bank		e Arunie	_ ~
	2	p. m			emoins described ob					
						The state of the s				ond in my
		opinion deom	resulted from:	Moturot c	ouses Accident	, Suicide ,	Homicide [	, Undetermin	ned monner	A
,		ACTUAL	. parle	1.	(Itter	CHIEF MEDICAL	EVALUINED [7]		D/	ATE SIGNED
		SIGNATURE	- Lance	J_(	1 1111	M U	CAL EXAMINER			
		EXAMINER'S	Ch	arles	S. Petty, M.D		-		Feb.	24, 1959
	22	NAME (Type)	ON, 226 DATE THERES		234 NAME OF CEMETERY OF			I (City, town, or co-	atv)	(State)
8		REMOVAL (Specif	y)		Evergreen I		2	csburg,	_	(31GT#)
	23	FUNERAL DIRECTO	2-26-]	779	WADDLESS TAGETT I		'D BY REGISTRAR			- · · · ·
	120	C. M. V		Vinfi	eld, Md.		EB 26 '59			
			,		7	DATE	F81 Y (1 00)	- w	8 Hours	



VS A15 (4)



VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

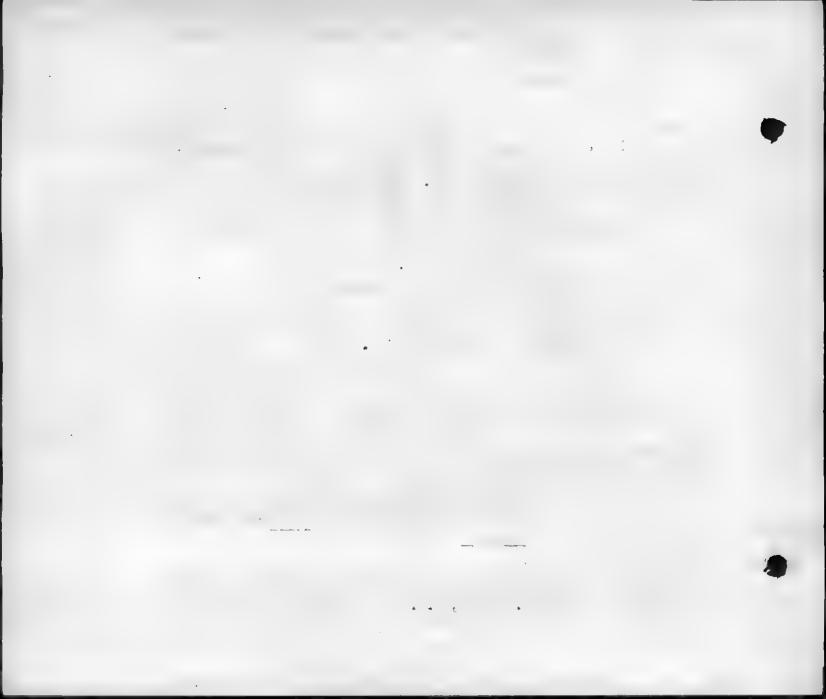
CERTIFICATE OF DEATH

1428	CERTIFICATE	OF DEATH	0 a m 102	T.40()
1. PLACE OF DEATH (3)	/ 1.5.00	tual periodice dist	Reg. Di	
· COUNTY (Lai Count	4 MARYLAND	Mary	ceased lived. It/institution: Residen	1, Counte
CITY OR TOWN (If outside corporate limits, write c II RURAL and give nearest fawn)	ENGTH OF STAY IN JE	CITY OF TOWN (IF buside	Corporate limits, while RURAL and	give nearest lown)
d NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION III (III NEW PARTIE)	"LHOSK!"	STREET ADDRESS	1 - 11 - 1	e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) Vanal out &	Wante Ro	fects of	ATE Month	2/ 1959
Male 6 COLOR OR RACE 7 MARRIED [ WIDOWED ]	NEVER MARRIED   8 DAT	E OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Manths yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100/ USUAL OCCUPATION (Give kind at work done 10b. KIND during most of working life eyen if retired)	OF BUSINESS OR INDUSTRY	A BIRTHPLACE (State or ) ore	eign country) 12. CIT	SA A
13. EATHER'S NAME Robe	its as "	MSTHER'S MAIDEN NAME	co Will	(Sum )
15. WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCI. [Yes, no or unknown] [H yes, give war or dates of service]	AL SECURITY NO 17 INFORM	line Mil	lliano 91	East, St.
18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: State	us epilepticus			2 has
Conditions, if ony, which) OUE TO	te elecholyte	diskulance		2 hiss.
gove rise to immediate couse (a), stating the under-lying cause last.  DUE TO HYPU	pyrexia and	suddens a	lianhea	18 has
Part II. OTHER SIGNIFICANT CONDITIONS CONTI	BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED. (Ente	er nature of injury in Port I o	or Port 11 of item 18 )	
	OCCURRED 20e PLACE OF Foctory, st all work	F INUURY (Home, form, 20f. treet, affice bldg., etc.)	(City or town) (C	County) (Stote)
21. I certify that I attended the deceased fr	om 21 Feb	1959, ta 21	Feb 1959 that 1	last saw the deceased
alive on 21 1-46 1959	, and that death occu		from the causes and an th	
ACTUAL SIGNATURE SAME O HUMAN	m M.D.	River Ch	SS (Street, city or town, state) Wh ENULS	23 Feb 59
PHYSICIAN'S JAMES 1. 14 UOSUA	, Se	Edjewa	ter, md.	
BURIAL, CREMAT ON, 176 DATE THEREOF 22c.	NAME OF CEMETERY OR CREATER	till a	OCATION (City, town, or county)	Mali
23, FUNERAL DIRECTOR'S SIGNATURE WM. Rules L. # 108 Washi	ADDRESS Juna?	240. RECID BY, R DATE FEB 2	EGISTRAR A46. REGISTRAR'S SIC	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY Anne Arundel MARYLAND Anne Arundel b CITY OR TOWN (flexibide corporate limits, will a Billian C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS E IS RET BUNCE 112 Jerome Parkway 112 Jerome Parkway YES T NO T 3 NAME OF First 4. DATE Middle DECEASED (Type or print) DEATH SEHLHORST February 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 17 8 DATE OF STHE 9 AGE the years IF UNDER TYPAR IF UNDER 24 HRS Inst birthday) Days Hours | Min. Months WIDOWED | Female White 10a, USUAL OCCUPATION Gry Find ff work done 10b KIND 0 BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of work no FATHER'S NAME 15. WAS DECEASED EVER IN 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) DISET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Alcoholism. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which? gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month, Dov. Year 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bldg., etc.) d. m. Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy II. Inspection . Inquiry . and in my opinion death resulted from: Natural causes Accident ... Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) Paul F. Guerin. M.D. 22d LOGATION (City, town 23 FUNERAL DIRECTOR 240. RÉC'D BY REGISTRAN 24b REGISTRAR'S SIGNATURE A15ME arthur S. That A



## **CERTIFICATE OF DEATH** 1420 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission filed o. COMNTY 6 COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) 5. SEX 9. AGE (In years lost birthdoy) 6. COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR DIVORCED [7 WIDOWED [ ď poper 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of workingslifes even if retired) gud 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Car 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address Samefis $N \circ N$ 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO ۵ Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) [19. burial 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) foctory, street, office bldg., atc.) Hour e. m. Not while While ot work at work 27. 1859, to Fe 21. I certify that I attended the deceased from F. C. 2-8 1959 that I last saw the deceased and that death accurred at 8: Ze P.M. from the causes and an the date stated above alive on\_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270 BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, REMOVER (Specify) 2 23 FUNERAL DIRECTOR'S SIGNATUR ADDRESS 245 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea, Dist. No

Months

Days

(County)

arthur S. Kraus

DATERATI

IS RESIDENCE

ON A FARM? YES NO D

Year

19 4

IF UNDER 24 HE

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stole)

12. CITIZEN OF WHAT COUNTRY?

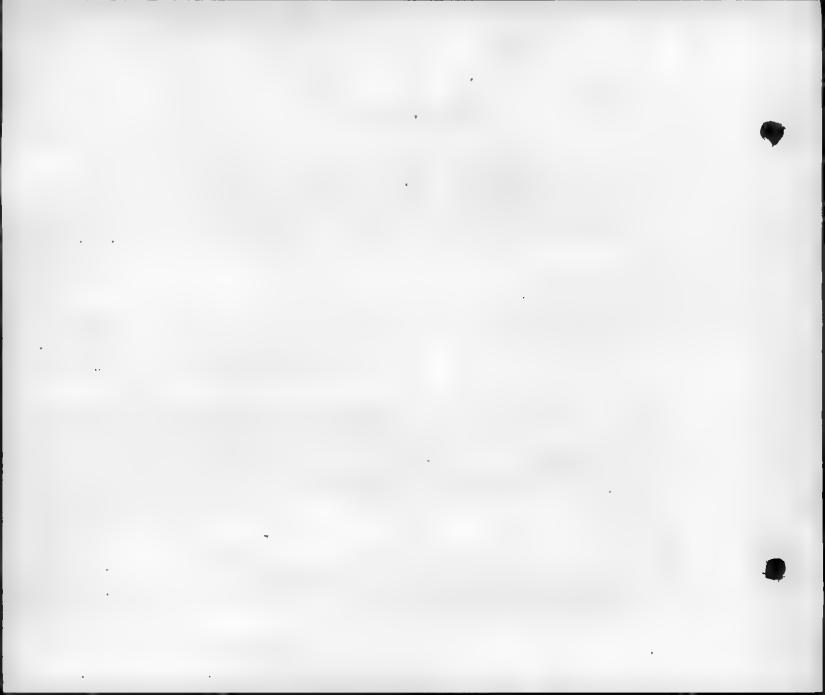
VS A15 (4) 15M 9/55

Item 20 Film 239 3-6-59 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO KI Year 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 🗖 NO 🗍 (County) (State) FORT GEO. G. MEADE AA MD ... 19.59 that I last saw the deceased 19\_\_\_\_\_, and that death occurred at 0055 AM, from the causes and on the date stated above. DATE SIGNED 25 Feb 59 (State) St. Louis, Missouri





deoth.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



EALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. filed-with director Page 2 USUAL RESIDENCE (While deceased lived If institution). Pesidence before admission 1. PLACE OF DEATH a COUNTY b. COUNTY MARYLAND deoth. b. CITY OR TOWN (If outside corporaté limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 å RURAL and give nearest town) P hours after d. NAME OF HOSPITAL (V not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO .9 NAME OF Middle 4. DATE Month Year DECEASED OF DEATH 24 (Type or print) 10 9. AGE (In years SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HPS last birthday) Months Hours Min DIVORCED WIDOWED | popers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) que 13, FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate JUSEPH SSTEWART-SEI WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO ottending decth CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: DA requires that the IMMEDIATE CAUSE (o) DUE TO þ permit. Canditions, if any, which been signed gave rise to immediate DUE TO cause (a), stoling the underlying cause last. **buriol-tronsit** (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificote OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory, street, office bldg, etc.) Hour o. m. While Not while at wark 🗔 at work 19.27 that I last saw the deceased 21. I certify that I attended the deceased from. \_, and that death accurred at 4:20 TM, from the causes and on the date stated above. alive on 80 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL WTHE DRING ST PHYSICIAN'S NAME (Type) dels FUNER 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREWATOR 22d LOCATION (City, town, or county) 0 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE TZ -814 VS A15 [4] 1 8 Fraud DATE FFR 9 Ballinge // mo



# unerol director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Page 2 may be retained the haspital ar ottending physician. TO FUNERAL BIRZAICH: After this certificate has been signed by the attending physician and completely filled in by uneral director page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages I and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

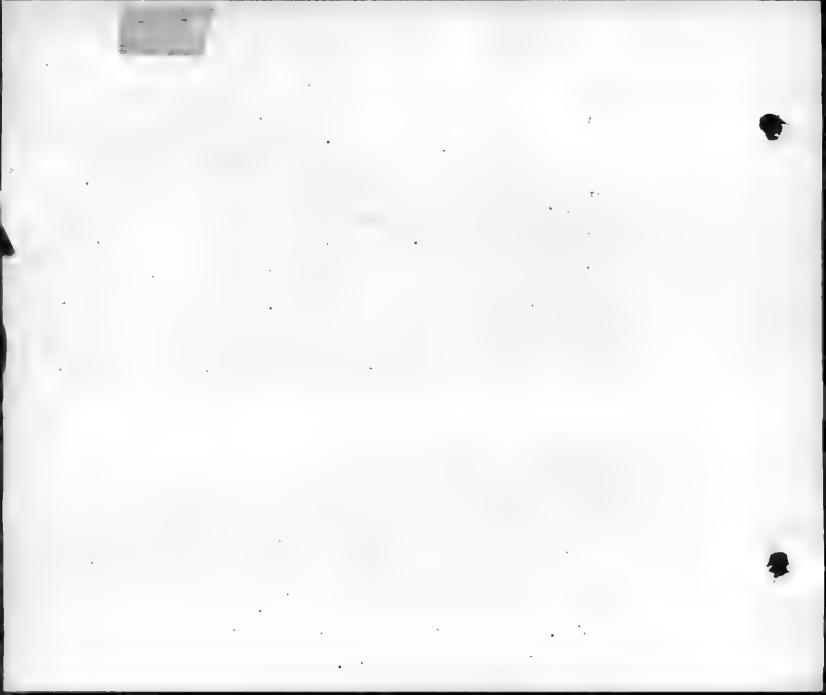
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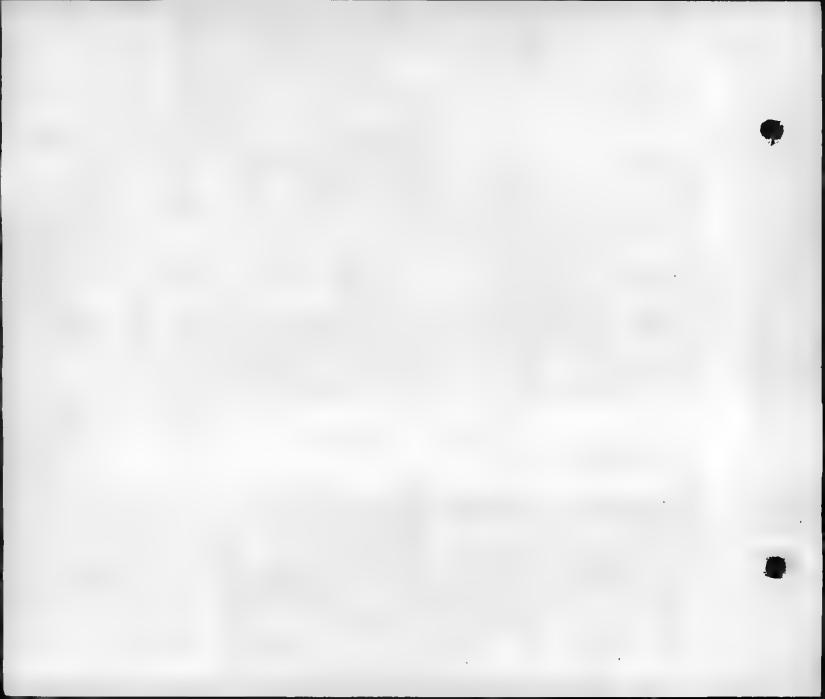
	1432	CERT	IFICA	ATE OF DEATH		Reg. Dist	. No.	
	PLACE OF DEATH			2 USUAL RESIDENCE (Whe			before admission)	
	Anne Arundel	MAR	YLAND	Maryland		ounty e Arunde	1	
	<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>	te c. LENGTH OF STAY	' IN 1b	c CITY OR TOWN (If ou	tside corporate fimits,	write RURAL and gi	ve nearest town)	
	Annabolis.	l day		X Pasadena	RFD			
	<li>d. NAME OF HOSPITAL (if not in haspital, give str OR INSTITUTION</li>	reet address)		Rt. 9 Box	250		e IS RESIDE ON A FA	RM3
	Anne Arundel Gen'l	Hosp.		'Rt. 9 Box	359,		YES N	<u>○ 13</u>
	NAME OF First DECEASED (Type or print)  TO T	Middle		Last O.T.	4. DATE OF DEATH TO	Month	Doy Yeo	r ~ ,
	SEX   6. COLOR OR RACE   7. M	A DRIED TO ALADRI	50 🗆	AYLOR   8 DATE OF BIRTH	9. AGE (In	ebruary	YEAR IF UNDER 2	4 HRS
	///	OWED TO DIVORCE			898 60	1. 11. 11.		Min.
10a	USJAL OCCUPATION (Give kind of work done I	IOL. KIND OF BUSINESS O	OR INDUS			-	EN OF WHAT COU	NTRY?
	during most of working life, even if ratired)  Techanic (ret.)	Self Fmp.		Riverton		nd U.	S.A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME			
	Edward R. Taylor			Florence	E. Ellin	nsworth		
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	D. H	NFORMANT		Address		
f re	i. no. or unknown] (If yes, give wor or dates of service) (	Unknown	T 4	r. James II.	Taylor,	Rasade	na, Md.	
	18. CAUSE OF DEATH [Enter only one couse pe	er line for (o), (b), and (c)	.]				INTERVAL BETW	EEN
	PART I. DEATH WAS CAUSED BY:	erspin a force	Re	alur.			ONSET AND DE	AIH
	527.1 DUE TO		1		2			
	Conditions, if ony, which )	retent Du Ours	LLCUN	cursus never.	+ li leveran	_	10 mm.	
	gove rise to immediate DUE TO		J	1	0		()	
	lying couse lost.							
Z	PART II. OTHER SIGNIFICANT COND TION	NS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITI	ON GIVEN IN PART		
CATE							PERFORM YES N	
MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [ 20b. I OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRE	D (Enter noture of Injury in Po	ort I or Port II of item	1B )		
S	20c. TIME OF INJURY Month, Doy, Year 20c	d INJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(Cc	ounty)	(Stote)
KEDH		hile Not while work O	for	tory, street, office bldg., etc.)		Ť		
2	21. I certify that I attended the dece	- 1	18	, 19 <u>.5</u> 9, ta	2 20 1	19 Sthat I las	t raw the dec	
	alive on 7/20 19	- 10	dogth	340		1 4		
		~ ± f = , and mai	dediii	PA	M, fram the caus  DDRESS (Street, city o	r town, state)	DATE S	
	SIGNATURE SIGNATURE	Malan		MD 121 (all	he dial		zkok	9
	1-2/0	. /			0	1		3 .
	PHYSICIAN'S NAME (Type)	Hedemen		Cena	nde, W.	K t	***	
220	BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEM	ETERY O	R CREMATORY	21d. LOCATION (City,	lown, or county)	(Stote)	
	Burial Feb 23/59	Glen H	ave	n Cemetery	Glen Bu	rnie II	arvland	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a, REC'D	BY REGISTRAR 24	. REGISTRAR'S SIG	NATURE	

Glen Burnie, Md.

DATE FER 2 6 '59

arthur & House





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ハイオツの **CERTIFICATE OF DEATH** 

		'	Ŧ	1	4	0	(
Reg.	Dist.	No.					

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1	Ale	
4	\	

1. PLACE OF DEATH p. COUNTY Anne Arundel

OR INSTITUTION

MARYLAND

Middle

Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Baltimore City

Months

b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town) lyr. Imo. 27days Crownsville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

DATE

d. STREET ADDRESS 678 Bradley Street E. IS RESIDENCE ON A FARM? YES NO A

Year

Min

NAME OF DECEASED	First
(Type or print)	Abraham
SEX	6. COLOR OR RACE 7 MARRIED NEVER

Negro

d. NAME OF HOSPITAL (If not in hospital, give street address)

Crownsville State Hospital

8 DATE OF BIRTH MARRIED T 1902 DIVORCED K

Toliver

DEATH 9. AGE (In years lost bisthday)

1059 IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours

12 CITIZEN OF WHAT COUNTRY?

10a.	USUAL	OCCUP	MOITA	(Give I	kind of	work done	11
	during	most of	working	life, e	ven if	relired]	
WÓ	rke	i io	ra	hur	akme	277	1

WIDOWED |

06. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) Virginia

14 MOTHER'S MAIDEN NAME

U.S.A.

13 FATHER'S NAME

Male

John Toliver

Lizzie 17 INFORMANT

Address

Month

yes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. <u> Discharged:1919</u>

218-14-6576 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) Hospital Records

INTERVAL BETWEEN

	PAR	ΤΙ.	DI	HTA	WAS	CAUSED IATE CAU	BY:
4	0	2					JE TO

Conditions, if ony, which

AUSE (o) DUE TO

Paralytic Lleus

Embolia and Thromposis of Mesentric Vessels

Cardiac failure associated with Arteriosclerotic

gove rise to immediate DUE TO couse (o), stating the underlying couse lost

Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19.

WAS AUTOPSY PERFORMED? YES NO

ONSET AND DEATH

CATION CERTIFIC 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINERS

20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port 1 or Port II of item 18.)

WEDICAL 20c. TIME OF INJURY Year 0. m

p. m.

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.] !

(County)

21. I certify that alive an

ot work ot work attended the deceased from 12/6 1957 to 2/3

1959\_,that I last saw the deceased And/that death accurred at \$45P. M. from the causes and on the date stated above.

ACTUAL

Crownsville State Hospital

ADDRESS (Street, city or town, state)

DATE SIGNED

(Stote)

PHYSICIAN'S NAME (Type)

McHenry 270 BURIAL CREMATION

Crownsville State Hospital.Md. 22c NAME OF CEMETERY OR CREMATORY

(Stote)

23 FUNERAL DIRECTOR'S SIGNATURE

-REMOVAL (Specify)

ADDRESS

24o, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 10/57



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

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		CERTIFICATE OF D	E-STIT	Reg. Dist. No.
	1. PLACE OF DEATH Q	MARYLAND 2. USUAL RESID	ENCE (Where deceased lived. If institute b. COUNTY	
	RURAL and affected toward for	: Us	OWN (If outside corporate limits, weight	RUSAL and give nearest town]
	d. NAME OF HOSP TAL (If not in hospital, give street oddre OR INSTITUTION	nd. STREET AD	Rose Shore	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Margare	1 Middle Sooth	4. DATE MOI OF DEATH	2 - 18 1959
	Temule White WIDOWED &	- Ling R	8 /890 9. AGE (In years lour benday) yrs.	Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND dring most of working life, even if relired)	one Ir	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME COURTS	ey 26	shown	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17. INFORMANT  - 17. INFORMANT	n J. Lausch	dress
		r (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) 60 / 12	une service long	instation.	3,6435
	gave rise to immediate costs (a), stating the under-lying couse last.	acterio se la sos		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO T	HETERMINAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 ***
	OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED. (Enter nature of	injury in Part 1 or Port II of item 18.)	
	Hour a.m. While	Y OCCURRED 20e. PLACE OF INJURY (H. factory, street, office of work	ome, form, 20f. (City or town) bidg., etc.)	(County) (State)
	21. I certify that I attended the deceased for	rom. <u>Slipt 2 / <sup>kt</sup></u> , 1955, and that death occurred at.	10-70-12 18 th, 195-	that I last saw the deceased
	ACTUAL SIGNATURE 2 6/ + tt. A &	(CC3 40 45 7	ADDRESS (Street, city or town,	stole) DATE SIGNED
	PHYSICIAN'S NAME (Type)	The second of th	landra a an an an air aid in a an air a a th' air an air an glafe	h think the property des to gradelite to be now a
	220 RURIAL, CREMATION, 226. DATE THEREOF 220 THE MOVAL (Specify) 7 Lby 21-59	. NAMEJOF COMETERY OR CREMATORY	22d LOCATION (City, lown, of Short Land	or county) 9(Stole)4
	23 TUNERAL DIRECTOR'S SIGNATURE LA Sans (	ADDRESS hapole Mil	240. RECD BY REGISTRAR 246. REG.	STRAR'S SIGNATURE

VS A1S (4) 1SM 9/SS



TO HOSPITAL OR

VS A15 (4) 15M 10/57

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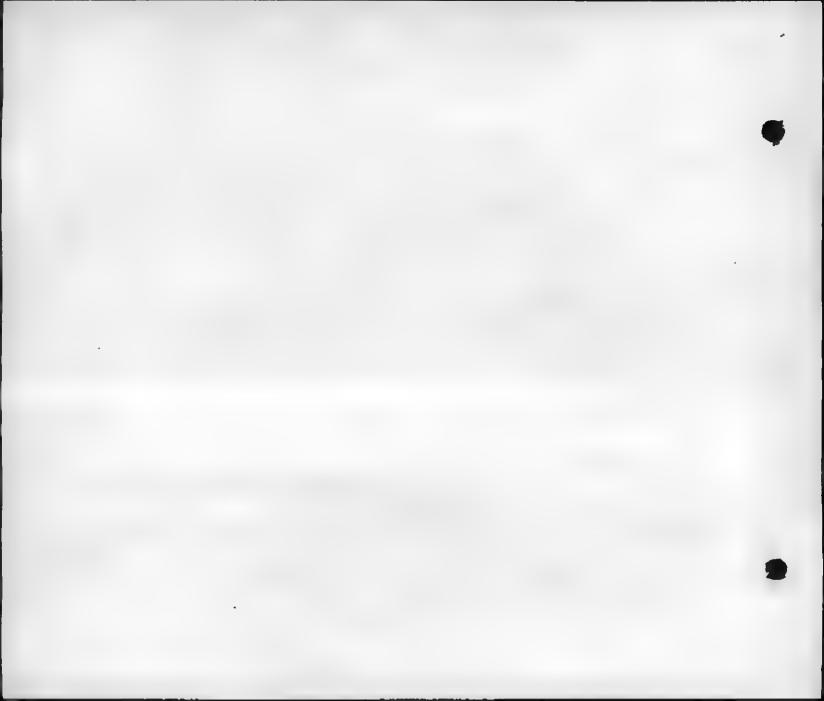
3479 **CERTIFICATE OF DEATH**  Rea. Dist. No.

1. PLACE OF DEATH COUNTY Anne Arund	el		MARYL	AND	2 USUAL RESIDENCE (W o. STATE Maryland	here decease	P COUNTY	imore			sion)
Crownsvill		ils, write	c. LENGTH OF STAY II		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPIT OR INSTITUTION Crownsvill	ral (if not in hospitol, i	apita	oddress) 1		d. ŠTREET ADDRESS					ON A	SIDENCE A FARM? NO 1
3 NAME OF DECEASED (Type or print)		iolet			Trusty	4. DATE OF DEATH	Mon 2	th	9	у	Yee' 59
5. SEX remale	Negro	WIDOW			1902?		9. AGE (In years lost birthdoy) 567 yrs	IF UNDER Months	1 YEAR Days		
Domestic	ON (Give kind of work king life, even if relired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (Slote		ountry)	12. CIT	U.S		COUNTRY
13. FATHER'S NAME Unknow	n				Unknown	NAME					
IS WAS DECEASEDEVE (Yes, no or unknown) Unknown	R IN U. S. ARMED FOR (If yes, give wor or dotes of s	CES7 16.	SOCIAL SECURITY NO.	17. IN	ospital Reco	rds	Addi	'ess			
PART I. DEA 155,/ Conditions, if o gove rise to i couse [o], storing lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (comp, which mediate line under-	Ca	rcinoma of	Ampu	ion of Stomac				ONS	ET AND	ETWEEN DEATH
CAT		DITIONS	CONTRIBUTING TO DEAT	<u>гн</u> вит і	NOT RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY DRMED?
200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m.				Oe. PLA	CE OF INJURY (Home, form ory, street, office bldg., ex	n, 20f (Ceh		(C	County)		(Stote)
21. I certify the alive an	ionel McHer	deceas	ed fram $6/15$ 59 , and that $6/15$	death	, 1923 , to_ accurred at 1:50A A.D. Crownsvil	2/9  M, from ADDRESS (S	n the causes a treet, city or town, ate Hospi	nd an ti stote) tal,M	d.	te stat D 2	deceased abave ATE SIGNE: 1/9/59
220 BURIAL, CREMATIO REMOVAL, (Specify)	Feb 122	195	720 NAME OF CEMET	ERY OR	M	Ba	TION (City, town, o	42	rd.	(Sto	(e)
23. FUNERAL DIRECTOR	L Russ	12	22 W. horil	ho		'D BY REGIST		TRAR'S SIC		E	

as the Line of the section of

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			ENT OF HEALTH—BALTIMORE, 18
TE		MEDICAL EXAMINER	S CERTIFICATE OF DEATH  Reg. Dist. No.
PT.	1. P	LACE OF DEATH COUNTY A ROLO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o STATE  M  D  b. COUNTY  A  Co
1		CITY OR TOWN (If outs de corporate limits entre RUPAL end give neores) fowe)  SCLUET 77 A Parks  25 4/55	c CITY OR TOWN (If autide corporate limits, write RJRAL and give nearest town)
		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	14. STREET ADDRESS  I HILL A HOLLSE ROAL YES NO D
	- (	NAME OF Pirst Middle DECEASED Type or print)  Ame S Nicky 77 Williams	Lost 4. DATE Month Doy Year OF DEATH 2 1959
	5. 5	6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (to yours 1 FUNDER 1 YEAR IF UNDER 24 HRS foot birthday)  Manths Days Hours Min.
	10o.	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUS uring most of working tile, even if refired)  FATMEY	TRY 11. BIRTHPLACE (Stole or toreign country)  12. CITIZEN OF WHAT COUNTRY  Hay ford Co. Md  US 9
	13.	Adama G Walleck	14 MOTHER'S MAIDEN NAME CCraDELEVETT
		WAS DECEASED EVER INVU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ( 1901. give war ar dates of service)  1/ES  WOV/ A WALL	MFORMANT Address Address Lice & Walbed Saverea Plack me
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	internal services, obsert and death
		420.1 DUE TO	
		gove rise to immediate couse (e), stating the underlying couse last.	
,	ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO PART 100 19, WAS AUTOPSY PERFORMED?
	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Port 1 or Port 11 of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA White Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) tary, street, affice bidg., etc.)
		21. I certify that I took charge of the remains described obopinion death resulted from: Notural causes Accident	The state of the s
,		ACTUAL SIGNATURE & Muhacel	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
d		EXAMINER'S ELINBARH	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D
	_2	BUR AL CREMATION 226 DATE THEREOF 226. NAME OF CEMETERY OF SEMOVAL (Specify)  FLA 16-59  THE LOGIC PORTS SIGNATURE  ADDRESS	
	23.(	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS	246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE // DAREB 1 9 '59 Outland & FC4



# HEALTH DEPT.

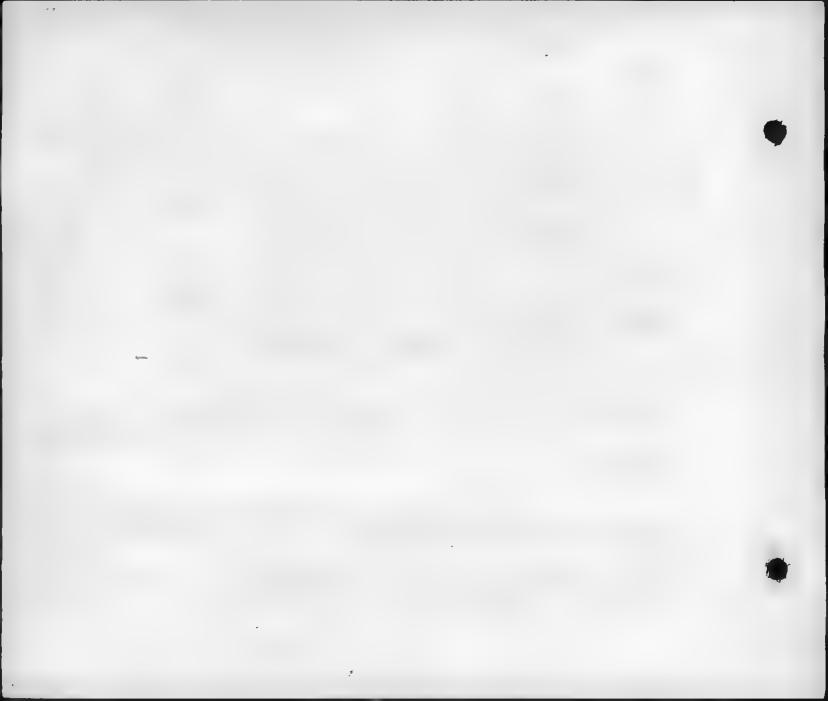
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23	0	3	3	2
633	2	0	5	-
	0	S	=	h
Bi	execute the committee, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral descrip-	4	0	Č
-			1	
5 TELEFILITY MEDICAL ENAMINEII This certificate should be exempted within 24 Nours ofter Mealsh. If any delay is necessa			TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages Agreed with the State Bear of	
VS	4	151	ULF.	

5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 20 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

148 Inchicat Examiner	Reg. Dist. No.
1. PLACE OF DEATH . CO . MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss an) a. STATE b. COUNTY
b. CITY OR TOWN (If outs de carporate limits write RUFAL ond give regress fours)	c. CITY OP JOWN (If outside corporate Pipits, write RURAL and a ve neorest town)
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	By 4US Seulen PK. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8.	White of SIRTH 9. AGE (In years, IF UNDER 14 PR IF UNDER 24 HAS
WIDOWED DIVORCED	12-31-180 Inal Dyribday yes Manths Days Hours Mr.
100 USUAL OCCUPATION (Give kind of work dane during most of working life even if retired)	RY 11 BIRTHPLACE (Stole or foreign country)  12 CITIZEN OF WHAT COUNTRY
Genson Brown	Charlelle Brown
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN [You no, or unknown] (If yen, give wor or dates of service)	Theore While fenemalk
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Out of the	arolase Julian
sight more of the se Sighten DUE TO	
Conditions, if any, which (b)	
(c), stoting the underlying DUE TO	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injuty in Port Lar Port It af stem 18 j
20x TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLAC While Not while at work at work at work	CE OF INJURY (Hame form, 201. (City or lawn) (Caunty) (State) bry, street, office bldg , etc.)
21. I certify that I look charge of the remains described about	ve, held an Autopsy 🔲, Inspection 🔲, Inquiry 🔲, and in my
apinion death resulted from: Natural causes Accident	, Suicide , Hamicide , Undetermined manner
SIGNATURE AULUM	M.D. CHIEF MEDICAL EXAMINER D
EXAMINER'S E. LINASKOLL	ASSISTANT MEDICAL EXAMINER D
220. BLR AL CREMATION 226 DATE THEREOF 27C. NAME OF CEMETERY OR BEMOVAL (Specific) 3-1-59 CATBENTE ADDRESS	CREMATORY  22d LOCATION (City, lown, or county)  Soldie  JONES - A, A CO M d,  A 11   240 REC'D BY REGISTRAR   240 REGISTRAR'S SIGNATURE
Charles K. HICKS I ANNA	1./14 DATEMAR 2 59 1 C - 8 16 at



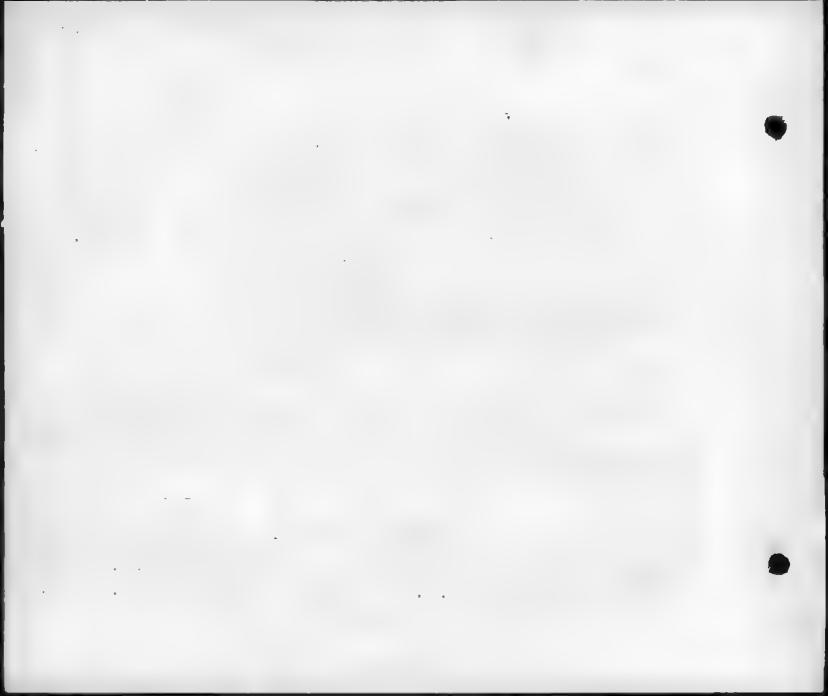
VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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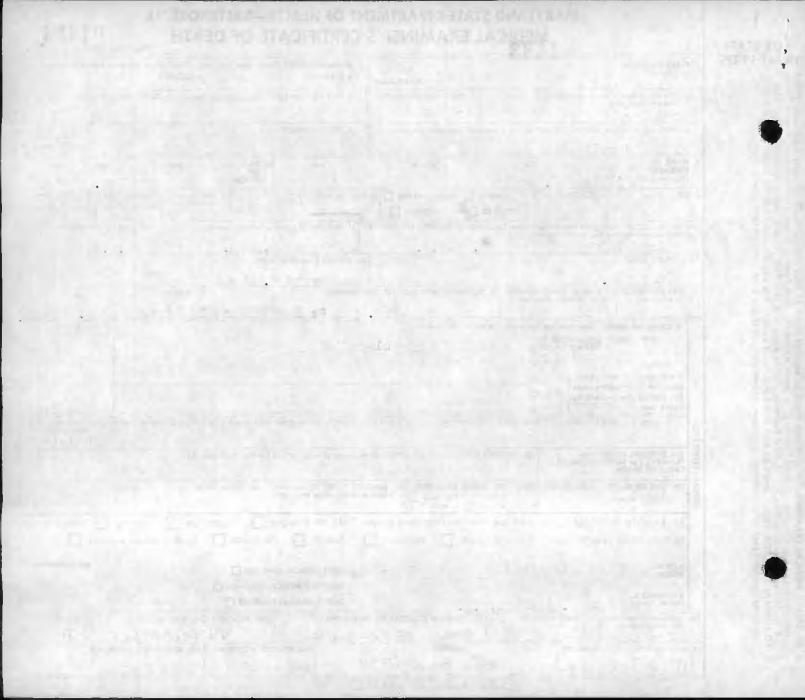
**CERTIFICATE OF DEATH** 

1422

	140	2	CEKII	LICH	IE OF L	EATT			Reg. Di	ist. No.				
1. PLACE OF DEATH  o. COUNTY Anne Arunde	1		MARY	LAND	2 USUAL RESIL O. STATE MALTYLE		era deceased	lived If institute b. COUNT Freque	Υ	ce befar	e admiss	on)		
	CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)  18 days  *redrick*						RURAL ond give nearest town)							
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Crownsville State Hospital					170 w All Sainte Street ON							FARM?		
3 NAME OF DECEASED (Type or print)	DECEASED				williams		4. DATE OF DEATH	Мо	Month 2			Yeor 19 59		
remale	6. COLOR OR RACE Negro	7 MARI WIDOW	RIED NEVER MARRIE		1892	4		9 AGE (In years lost hirthday) 67 yrs	Months	Doys .	Hours	Min		
10a USUAL OCCUPATION during most of work Unknown	UAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY II most of working life, even if retired)						RY 11 BIRTHPLACE (Stole or foreign country) 12. C					U.S.A.		
13. FATHER'S NAME UNKNOWN					14. MOTHER'S		AME							
1S. WAS DECEASED EVE (Yes, no or unknown) Unknown	R IN U. S. ARMED FOR (If yes, give war or dates of i		SOCIAL SECURITY NO Unknown		ormant spital	Kecor	is	Ad	dress					
PART 1. DEA  422, Canditians, if o gove rise to i cause (o), stating lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmadiate	Ario	ne for (a), (b), ond (c). Congestive	Hear			r Dise	<b>ase</b>			RVAL BE			
200 ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OF						IVEN IN PAR	RT 1(o) 15	PERFO YES []	DRMED3		
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	¥ 20d. II While of wor	NJURY OCCURRED  Not while t of work		E OF INJURY (I			or lown)	(	County)		(Slole)		
actual SIGNATURE	avi offended the	195 1/Su			D. Crow	4:42A	Le Sta	the causes reet, city or town the Hosp	and on t	he dat	e state	deceased ed above ATE SIGNED /10/59		
220 BURIAL, CREMATIO BREMOVAL (Specify)	2/4-	59	TO be	ETERY OR	CREMATORY		THE	ION (City, lown,	or county)	Mo	/ (Stot	e)		
23 FUNERAL DIRECTOR	S SIGNATURE	LI	ADDRESS /	ulr	NIJ	24a. REC'D	BY REGISTI		ISTRAR'S SI	A 6 M	E			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY q., STATE MARYLAND Anne Arunde files. M b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 40 Brooklyn vear d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 unerol relained Riverside Road YES T NO TY Stat 3. NAME OF Middle 4. DATE Lost Month Year DECEASED (Type or print) William DEATH offer ( E. Wolfe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYPAR IF UNDER 24 HRS. last birthday) Months Hours Dovs WIDOWED [ DIVORCED SON 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working file, even if retired) 12. CITIZEN OF WHAT COUNTRY? Poge 72 Retired Telegraph Operator Johnstown, Penn. form PM3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph E. Wolfe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give war or dates of service] (Niece)216 Fiverside Ed. Brooklyn irs Myra Reilly 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL SETWESIA ONSET AND DEATH PART I, DEATH WAS CAUSED BY: General Arteriosclerosis 10 IMMEDIATE CAUSE (0) buriol-transit Office DIE TO Conditions, if ony, which gove rise to immediate come DUE TO ending in p (o), stoting the underlying couse lost. Þ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS 0 PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pe 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. shootd 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) of work of work p. m. 21. I certify that ( took charge of the remains described above, held an Autopsy ... Inspection 17 and in my CTOR: opinion death sesulted from: Natural causes 7. Accident 7. Suicide . Homicide . Undetermined monner designated DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER be FUNERAL EXAMINER'S NAME (Type) ustave II. DEPUTY MEDICAL EXAMINER TO 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) MACHENTER 0 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ALSME 5ATE 9 arthun & House



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